PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(1)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

942

01515

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 629 Orpington Rd
Stay in hospital or Inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 629 Orpington Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Louise Addison

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Frank M. Addison
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Nov 23 1875

8. AGE: Years 64 | Months 3 | Days 0 | If less than one day ____ hrs. ____ min.

9. Birthplace Martinsburg W Va
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Still.
13. Birthplace W. Va.

MOTHER 14. Maiden name Unknown
15. Birthplace Unknown.

18. Informant Mr. Jesse F. Long
Address 629 Orpington Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 26 1940 (month) (day) (year)
Cemetery or crematory Loudon Park
Location Baltimore, Md

18. Funeral director Wm J Dickner & Sons
Address 1 N Paca - Baltimore, Md

19. 2/26 19 40 (Date rec'd by Registrar) H Hollyfield Registrar
Loudon Park.

MEDICAL CERTIFICATION

a.

20. DATE OF DEATH February 23 1940, at 1030 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feby 22 1940, to Feb 26 1940
and that I last saw h[illegible] alive on Feby 22 1940

Immediate cause of death	DURATION
Coronary Thrombosis	5 or 6 hrs
(or Occlusion)	
Due to Coronary disease	?
(Fatty myocardial deg.)	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J Wesley Cole M.D.
M. D. or other
Address 2202 Gwynn Oak Date signed 2/24/40

Dr. J. L. Cole
220 Garrison Blvd

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (26)

01516

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 27 days
Stay in this community (yrs., or mos., or days) " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2227 East Lamley St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Eugene Airey

3. (b) Social Security Number none

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Barbara
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) February 8, 1887
8. AGE: Years 52 Months 11 Days 29 If less than one day hrs. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Huckster
11. Industry or business Own business
FATHER 12. Name Sinclair Airey
13. Birthplace Maryland
MOTHER 14. Maiden name Eugena Adelaide ? Patterson
15. Birthplace Maryland
16. Informant Hospital Records
Address
17. Burial (Burial, cremation, or removal, Which?) Date thereof Feb 10/40 (month) (day) (year)
Cemetery or crematory Baltimore
Location Eng of North Cove
18. Funeral director Tilly & Zeller Inc
Address 403 S Wolf St.
19. 2/8 (Date rec'd by registrar) 1940 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1940, at 4:45 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10, 1940, to February 7, 1940, and that I last saw him alive on February 7, 1940.

Immediate cause of death	DURATION
Gangrene of left lung	6 days
Due to Acute myocarditis	" "
Due to Tularemia, ulceroglandular type	28 days
Other conditions Psychosis with somatic disease. (Include pregnancy within 3 months of death)	" "

Major findings:
Of operations none
Of autopsy As given above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Serge Androp
Serge Androp, M.D. M. D. or other
Address Spring Grove St. Hosp. Date signed 2/8/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01517

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Balto.
City or town Pikesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William J. Allman

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah L Allman
6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Feb 4 1868

8. AGE: Years 72 | Months | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Wm Allman
13. Birthplace England

MOTHER 14. Maiden name Martha McClure
15. Birthplace Balto city

16. Informant Mrs Orrick Naylor
Address Pikesville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 14 1940 (month) (day) (year)
Cemetery or crematory Mt Gilead
Location Balto Co.

18. Funeral director J. F. Ulm & Sons
Address Pikesville Md.

19. Feb. 13 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/6/1940, to 2/12/1940, and that I last saw h[illegible] alive on 2/11/1940

Immediate cause of death	DURATION
Cerebral arteriosclerosis	
Due to Hypostatic pneumonia	
Due to Chronic myocarditis	
Duration three months	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other
Address Pikesville, Md. Date signed 2/13/40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01518

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 12 yrs. 3 mths. 23 dys.
Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: -
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 707 Cumberland Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Daisy Atkinson

3. (b) Social Security Number: none

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: unknown ? Atkinson
6(c) If alive, give age: unknown years
7. Birth date of deceased (mo., day, yr.): May 6, 1870

8. AGE: Years: 69 Months: 9 Days: 20 If less than one day: hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: storekeeper, midwife
11. Industry or business: home

FATHER
12. Name: Barnard Donnelly
13. Birthplace: Maryland

MOTHER
14. Maiden name: Virginia Freeman
15. Birthplace: Maryland

16. Informant: Hospital records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/1/1940 (month) (day) (year)
Cemetery or crematory: Holy Redeemer
Location: Balto. City
18. Funeral director: le Vernon Lemmon
Address: 4611 Park Heights Balto. City.

19. 2/28 1940 (Date rec'd by registrar) H. C. Sudeen Registrar
County Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 27 1940, at 12:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 3 1927, to February 27 1940, and that I last saw her alive on February 26 1940.

Immediate cause of death	DURATION
Broncho-pneumonia	2 days
Due to Chronic interstitial nephritis	bef. 192
Due to	
Other conditions: Involutional melancholia	bef. 192

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: S. W. Wellung M.D. M. D. or other
Address: Spring Grove St. Hospital Date signed: 2-27-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH CB

2411 N. Charles St., Baltimore 73-d

01519

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Towson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital, Towson

Stay in hospital or inst. (yrs., or mos., or days) 4 mos. 16 days.

Stay in this community (yrs., or mos., or days) Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va. County

City or town Clarksburg. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 224 Park Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Ada Rolliston Bailey

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	M.

6 (b) Name of husband or wife R. D. Bailey, 1x veb.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 3, 1866.

8. AGE:

Years	Months	Days	If less than one day
73.	7	16	____ hrs. ____ min.

9. Birthplace Buckhannon, W. Va. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER

12. Name Rolliston

13. Birthplace W. Va.

MOTHER

14. Maiden name Louise Phillips.

15. Birthplace W. Va.

16. Informant Hospital records

Address

17. Removal (Burial, cremation, or removal, Which?) Date thereof Feb 16. 1940 (month) (day) (year)

Cemetery or crematory Clarksburg

Location W Va

18. Funeral director Ullrich Funeral Home

Address 2008 Arlington St

19. 2/16 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16. 1940, at 2:55 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 29 1939, to Feb. 16 1940, and that I last saw her alive on Feb. 15 1940.

Immediate cause of death Vascular accident, heart or brain.

Due to arteriosclerosis.

Due to

Other conditions Chr. myocarditis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] Arthur E. Pattrell, M.D. M. D. or other

Address Towson, Maryland Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

01520

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore.
City or town Rural near Parkton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 78 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore.
City or town Rural near Parkton Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Parkton, Md. R. D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Jonathan Baker.

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma J. Baker.
6(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.): September 5, 1861
8. AGE: Years 78 Months 5 Days 7 If less than one day ____ hrs. ____ min.
9. Birthplace: Freeland, Md. R. D. (Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business:
FATHER 12. Name: William Baker.
13. Birthplace: Timbrouze.
MOTHER 14. Maiden name: Margaret Masemore.
15. Birthplace: Penna.
16. Informant: Mrs. Clarence Baker
Address: Baltimore, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Febr. 15, 1940 (month) (day) (year)
Cemetery or crematory: Middletown
Location: Freeland, Md. R. D.
18. Funeral director: Jacob Markenstein.
Address: New Freedom Pa.
19. Feb 15 1940 (Date rec'd by registrar) Samuel B. Miller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1940, at 6:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to Febr. 12 1940, and that I last saw him alive on Febr. 11 1940.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arteriosclerosis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

DURATION

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE J. L. Yagle. M. D. or other
Address New Freedom Pa. Date signed 2/13-40

RECEIVED
MAR 5 1940
BUREAU V. S.

State of Maryland

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-d

Registered No. 42

01521

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and distinctly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) ~~Baltimore City~~, Maryland Hale Thorpe

(b) Street address Washington Blvd & Summit Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Hale Thorpe (If outside city or town limits, write RURAL and give town)

(d) Street No Washington Blvd & Summit Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Sallie Bartges

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 4 1867

8. AGE: Years	Months	Days	If less than one day
72	7	5	..... hr. ..... min.

9. Birthplace Frederick md (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business Tourist Home

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mr. F. E. Risner

(b) Address Hale Thorpe md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Frederick md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) 2-9-40 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1940, at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1939, to Feb. 9 1940, and that I last saw h[illegible] alive on Feb. 9 1940.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Chronic Endocarditis with	
Due to Hypertension	4 yr
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury

23. **Signature** William A. Risner

Address Hale Thorpe Date signed M/D. 2/9/40

FEB 15 1940

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 94a

Reg. Dist. No. 31

01522

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Hamsonville, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Hamsonville Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Deer Park Road (If rural give location)

(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME** Sarah Matilda Baxter

3 (b) If veteran, name war: None

3 (c) Social Security No. none

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife George Baxter

6. (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Sept 22 - 1863

8. AGE: Years 76 | Months 5 | Days 11 | If less than one day ____hr. ____min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business —

FATHER 12. Name John McGowan

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Tuffy

MOTHER 15. Birthplace Ireland

16 (a) Informant George McC Baxter

(b) Address Deer Park Rd. Hamsonville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6-40 (month) (day) (year)

(c) Cemetery or crematory Holy Family

Location Hamsonville, Md

18 (a) Funeral director Francis A. Yewell

(b) Address Ellicott City, Md

19 (a) Feb 4 1940 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. Date of death 2/3 1940, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to Feb 3 1940, and that I last saw him alive on Feb 3 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. E. Martin M. D. or other

Address Randallstown Md Date signed Feb 4 1940

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

01523

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
County Baltimore
City or town Halethorpe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto.
City or town Halethorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 9 Ridge Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Elizabeth Beck

3. (b) Social Security Number

4. Sex Fem. 5. Color or race a 6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Charles Eugene Beck

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1866

8. AGE: Years 73 Months 11 Days 23 If less than one day hrs. min.

9. Birthplace Osnabrook-Germany
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Henry J. Menke
13. Birthplace Germany

MOTHER
14. Maiden name Catherine Christopher
15. Birthplace ?

16. Informant Mr Francis R. Beck
Address 805 Newington Ave.

17. Burial Date thereof Feb 3, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greenmount Cem.
Location Balto. Md.

18. Funeral director Wm J. Tickner & Sons
Address Morton & Pa Aves.

19. Feb. 2 1940 Geo Kieffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1940, at 5 59 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1906, to Feb 1 1940, and that I last saw her alive on Jan 31 1940.

Immediate cause of death Cerebral haemorrhage recurrent — DURATION 1 year

Due to Hypertension & arteriosclerosis

Due to ✓

Other conditions Dehydration - coma — 48 hours

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

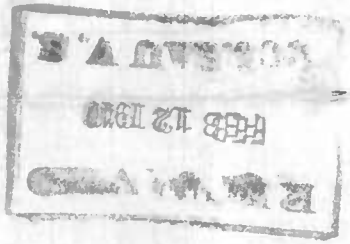
23. SIGNATURE Frederic V. Bentler
M. D. or other
Address Medical Arts Bldg Date signed Feb 1-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Beitler



STATE OF MARYLAND—CERTIFICATE OF DEATH

01524

1. PLACE OF DEATH (824)

County Baltimore Registration Dist. No. 38

Village or City Ruxton No. Ellenham Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Lenore Turner Binford

(a) Residence: No. Ruxton Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John G. Binford

6. DATE OF BIRTH (month, day, and year): Dec/6/1870

7. AGE: Years 69 | Months 2 | Days 11 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): ??? Maryland

FATHER

13. NAME: James Henry Turner

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Josephine Flossbrenner

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Mr. Frank T. Binford - (son) Ruxton Md.

18. BURIAL, CREMATION, OR REMOVAL Place: London Park - Balto. Date: Feb/19/1940

19. UNDERTAKER (Address): Stewart Morrow Co. 108 W. Mt. Ave.

20. FILED: 7/17, 1940 W. Gerald Sanford Deputy Notary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 17th (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from ___, 1937, to February 17th, 1940

I last saw her alive on February 17th, 1940; death is said to have occurred on the date stated above, at 11 40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Terminal acute febrile Bronchitis with Bulbar Paralysis of two & a half years duration as the chief cause of Death.	

Other Contributory Causes of Importance:

Emaciation & Exhaustion from Bulbar Paralysis progressive for 2½ years

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19__

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Wm. R. Dabney M. D.

(Address) Ruxton Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 1 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

CERTIFICATE OF DEATH

01525

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 3 yrs. 8 mo. 2 da.
Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3408 [illegible] Virginia Ave.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Richard Doud.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife Anna Johnson Doud — 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1865

8. AGE: Years	Months	Days	If less than one day
74	3	11	hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Clerk.
11. Industry or business Business House
FATHER 12. Name Michael Doud
13. Birthplace Maryland.
MOTHER 14. Maiden name Anna ? Unknown
15. Birthplace Unknown.
16. Informant Hosp. records.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/5/40 (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Baltimore, Md.
18. Funeral director Wm. J. Tickner & Sons.
Address North & Pennsylvania Avenues

19. 2/4 (Date rec'd by registrar) 19 40 H. L. Snadsal Registrar
Deputy Lead

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3, 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1936 to Feb. 3 1940 and that I last saw him alive on Feb. 3 1940

Immediate cause of death	DURATION
Chronic myocarditis	Indef.
Due to Chronic interstitial nephritis.	Indef.
Due to Gen. arterio sclerosis	Indef.
Other conditions Senile psychosis (Include pregnancy within 3 months of death)	13 yrs.

Major findings:
Of operations None.
Of autopsy As noted above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner, M.D.
M. D. or other
Address Catonsville, Md. Date signed 2/3/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

FEB 8 1940
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 164a

01526

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 6 yrs, 1 mths, 20 dys.
Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore City
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1119 S. Elwood Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Boone, Paul F.

3. (b) Social Security Number none

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Mary Fecher Boone
6(c) If alive, give age unknown years
7. Birth date of deceased (mo., day, yr.) October 26, 1900

8. AGE: Years 39 Months 3 Days 20 If less than one day ___ hrs. ___ min.

9. Birthplace Louisville, Kentucky
(Town, county, and state)
10. Usual occupation brewery worker, bottling machine
11. Industry or business brewery
FATHER 12. Name Benedict Boone
13. Birthplace Kentucky
MOTHER 14. Maiden name Mildred Burch
15. Birthplace Kentucky
16. Informant Hospital records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/19-40 (month) (day) (year)
Cemetery or crematory Sacared Heart Lawn
Location German Hill Rd.
18. Funeral director John A. Moran
Address 3000 E. Balt St.
19. 2/16 (Date rec'd by registrar) 19 40 H C Anderson Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Approximately February 13 19 40, at 5 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19 ___, to ___ 19 ___, and that I last saw h ___ alive on ___ 19 ___.

Immediate cause of death Strangulation
Due to voluntary hanging
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide suicide Date of about 2-13-40
Where did injury occur? Catonsville, Maryland (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Grounds of Spring Grove Hospital
Means of injury Hanging, strangulation Injured at work? no

23. SIGNATURE Geo S McKeeffer Deputy Med Examiner J Balt Co M. D. or other
Address 1010 Leeds Avenue, Arbutus Baltimore, County, Md. Date signed 2-16-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

01527

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Harrisonville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Life

Stay in hospital or insf. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Harrisonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Homer Bopst

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 18th, 1933

8. AGE: Years	Months	Days	If less than one day
6	8	16	hrs. min.

9. Birthplace: Balto. Co. Md.
(Town, county, and state)

10. Usual occupation

11. Indusfry or business

FATHER — 12. Name: George Bopst Jr.

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Helen M. Payne

15. Birthplace: Maryland

16. Informant: George Bopst Jr.

Address: Randallstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 7. 1940 (month) (day) (year)

Cemetery or crematory: Springfield

Location: Sykesville, Md.

18. Funeral director: C. H. Weer

Address: Sykesville, Md.

19. Feb 6 1940 (Date rec'd by registrar) Wm. E. Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4th, 1940, 19, 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 31 1940, to February 4 1940, and that I last saw him alive on February 1 1940.

Immediate cause of death: Acute nephritis — DURATION: 7 days

Primary cause, if definite, or U&R

Due to No definite history of scarlet fever or measles. Child was said to have had some throat infection some time prior to present illness. Patient was first seen when the acute nephritis was full advanced and the child almost moribund.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Jacob R. Jensen M. D. or other

Address: Sykesville, Md. Date signed: Feb 6, 1940

RECEIVED
MAR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01528

131-E

1. PLACE OF DEATH

County Balto Registration Dist. No. 38

Village or City Parkville No. 3022 Woodside Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles O Bowling If U. S. Veteran, specify WAR ____

(a) Residence: No. 3022 Woodside Ave St., Ward. Social Security No.: 214-18-9083

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maze A.

6. DATE OF BIRTH (month, day, and year): Sept 29 1873

7. AGE: Years 66 Months 4 Days 19 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Painter +

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Laborer

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Maze A. Bowling 3022 Woodside Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Parkwood Date: 2/19, 1940

19. UNDERTAKER (Address): Leonard J. Ruck 5305 Harford Rd

20. FILED: 2/17, 1940 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1939, to Feb. 17, 1940

I last saw him alive on Feb. 16, 1940; death is said to have occurred on the date stated above, at 8.10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Hypertension	
Chronic interstitial nephr.	

Other Contributory Causes of importance:

Oedema of lungs	2/10/40

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) A. M. Bacon M. D.

(Address) Parkville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01529

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 2 months, 12 days
Stay in this community (yrs., or mos., or days): " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2314 Ruskin Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: not known

3. (a) FULL NAME: Harry W. Brim

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Emma Brim Horwitz
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): December 30, 1881

8. AGE:

Years	Months	Days	If less than one day
58	1	7	____ hrs. ____ min.

9. Birthplace: Russia
(Town, county, and state)
10. Usual occupation: Tavern owner
11. Industry or business
FATHER
12. Name: unknown
13. Birthplace: "
MOTHER
14. Maiden name: "
15. Birthplace: "
16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 9-1940 (month) (day) (year)
Cemetery or crematory: Hill St Congregation
Location: Bowley Lane Herring Run
18. Funeral director: Jack Lewis Inc
Address: 1439 E Belle St

19. 2/7 1940 (Date rec'd by registrar) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 7, 1940, at 9:55 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 25, 1939, to February 7, 1940, and that I last saw him alive on February 7, 1940.

Immediate cause of death	DURATION
Chronic myocarditis	indefin.
Due to Generalized arteriosclerosis	"
Due to Chronic interstitial nephritis	"
Other conditions: Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)	9/1939

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

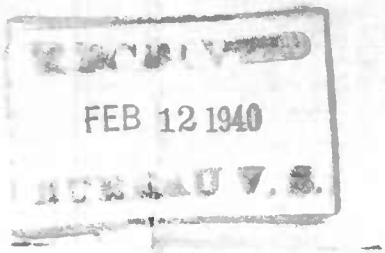
22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Robert E. Gardner, M.D. M. D. or other
Address: Spring Grove St. Hosp. Date signed: 2/7/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


FEB 12 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01530

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto.

City or town: Middle River (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Homeland Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Middle River Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Homeland Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Hattie Louise Brooker

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Widowed.

6 (b) Name of husband or wife: Melvin A. Brooker

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 17 - 1862

8. AGE:

Years	Months	Days	If less than one day
77	11	12	hrs. min.

9. Birthplace: Sheridan Wisconsin. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER 12. Name: ? Dyke

FATHER 13. Birthplace: Unknown

MOTHER 14. Maiden name: Mary ?

MOTHER 15. Birthplace: Unknown

16. Informant: Helen G. Sheldon

Address: Norfolk, Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 - 3 - 40 (month) (day) (year)

Cemetery or crematory: Norfolk Va.

Location:

18. Funeral director: John G. Connelly

Address: Essex, Md.

19. 2 - 5 - 40 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 5 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 25 1940, to Feb. 5 1940, and that I last saw her alive on Feb. 3 1940.

Immediate cause of death: Carcinomatosis — DURATION: 4 mos.

Due to: Carcinoma of body of uterus — DURATION: years

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinomatosis

Of autopsy:

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George A. Sinn M.D.

M. D. or other

Address: Essex, Md. Date signed 2/15/40

FEB 5 1940
BUREAU V.S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(I)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

01532

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: Balto

County

City or town Becklysville Rural Near
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Near Becklysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas B Buchman

3. (b) Social Security Number 218-05-2883

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 - 1910

8. AGE: Years 29 Months 8 Days 22 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business House

FATHER
12. Name Bertram B Buchman
13. Birthplace Maryland

MOTHER
14. Maiden name Marcella Kemp
15. Birthplace Maryland

16. Informant Marcella Buchman
Address Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb 7 - 1940
(month) (day) (year)

Cemetery or crematory Hampstead

Location Hampstead Md

18. Funeral director Edw C Tipton
Address Hampstead Md

19. Feb 6 1940 Samuel C. G. Miller Dep. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 5th 1940, at About 12-30 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , ~~and that I last saw h alive on~~ 19

Immediate cause of death Accident broken neck & other injuries, found dead

Due to in his overturned auto

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Date of 2-5-40

Where did injury occur? Becklysville (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?) highway

Means of injury Auto accident Injured at work? No

23. SIGNATURE W. T. E. Myer Dept M Ex
M. D. or other

Address Pikesville Md Date signed 2-5-40

RECEIVED
MAR 8 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 01531

(186-a)

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 37

Village or City Cockeysville — No. Sherwood Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 80 yrs. -- mos. -- ds. How long in U.S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Sarah Jane Buck

(a) Residence: No. Sherwood Road, Cockeysville St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William H. Buck

6. DATE OF BIRTH (month, day, and year): June 23, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	82	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Baltimore
(State or country): Maryland

FATHER

13. NAME: Henry Clay Jones

14. BIRTHPLACE (city or town): -------
(State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Elizabeth Fisher

16. BIRTHPLACE (city or town): -------
(State or country): Maryland

17. INFORMANT: Mrs. Emily Folger Pindell
(Address): Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Cemetery Date: 2/10, 19 40

19. UNDERTAKER: H. U. Mears my Son
(Address): 805 N. Calvert Street

20. FILED: Feb. 8, 19 40 — Wilmer C. Ensor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
FEBRUARY (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from FEB. 2, 19 40, to FEB. 8, 19 40

I last saw h ER alive on FEB. 7, 19 40; death is said to have occurred on the date stated above, at 1:15 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
FRACTURE OF RIGHT FEMUR	2/2/40
TERMINAL BRONCHO-PNEUMONIA	2/4/40

Other **Contributory Causes** of importance:

Name of operation: ____ Date of: ____

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ACCIDENT Date of Injury 2/2, 19 40

Where did injury occur? COCKEYSVILLE, MD.
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
HOME

Manner of Injury: TRIPPED WHILE WALKING ACROSS FLOOR

Nature of Injury: FRACTURE OF CLAVICLE

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) George Schuchat M. D.

(Address) Cockeysville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 3 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (107)

01533

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH:
County: Baltimore County
City or town: Rural - Hebbville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Windsor Mill Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 68 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Rural Hebbville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Windsor Mill Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Buppert

3. (b) Social Security Number: none

4. Sex: male
5. Color or race: white
6(a) Single, married, widowed, or divorced: widower
6(b) Name of husband or wife: Mary Buppert
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept. 23, 1850
8. AGE: Years 89 Months 4 Days 20 If less than one day ____ hrs. ____ min.
9. Birthplace: Baltimore County, Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: General Farming
FATHER
12. Name: John Buppert
13. Birthplace: Germany
MOTHER
14. Maiden name: ~~Mary~~ Charlotte Schaefer
15. Birthplace: Germany
16. Informant: Mrs Fenton Buppert
Address: Woodlawn, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2 (month) 15 (day) 40 (year)
Cemetery or crematory: Lorraine
Location: Franklintown Md.
18. Funeral director: Harry Weer
Address: Sykesville Md.
19. Feb 13 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 12 1940, at 10 10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1939 to Feb 12 1940, and that I last saw him alive on Feb 11 1940.
Immediate cause of death: Broncho pneumonia — DURATION: 4 days
Due to
Due to
Other conditions: Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no operation
Of autopsy: no autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Joshua H. Armacost M.D.
M. D. or other
Address: Woodlawn Md Date signed: Feb 12 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01534

1. PLACE OF DEATH (61)

County Baltimore Registration Dist. No. 33

Village or City Owings Mills No. "Burka's Aged Home" St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 6 mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Virginia Burnham Ave. Veteran, specify WAR none

(a) Residence: No. Baltimore City St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John B. Burnham

6. DATE OF BIRTH (month, day, and year): July 12, 1853

7. AGE: Years 86 Months 7 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cockeysville, Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Franklin Debaugh 200 E. Penna. Ave. Towson

18. BURIAL, CREMATION, OR REMOVAL Place: Prospect Hill Date: Feb. 18, 1940

19. UNDERTAKER (Address): John Burns' Sons Towson, Md.

20. FILED: Feb. 16, 1940 J. Frank Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 15, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from November, 1938, to Feb 15, 1940

I last saw her alive on Feb 14, 1940; death is said to have occurred on the date stated above, at 9 15 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Diabetes	?

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Ermshar M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
FEB 28 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

01535

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Balto.
City or town Pleasant Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Reisterstown Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Pleasant Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Clara Burns

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Wm. F. Burns
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1867

8. AGE: Years	Months	Days	If less than one day
72	II	I7	____ hrs. ____ min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Carol Grempler
13. Birthplace Germany

MOTHER
14. Maiden name Dora Unknown
15. Birthplace Germany

16. Informant Mrs Amelia Pierce
Address Owings Mills, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 29, 1940 (month) (day) (year)
Cemetery or crematory Louden Park
Location Baltimore City

18. Funeral director J. F. Eline & Sons
Address Reisterstown, Md.

19. 2/27/ 1940 (Date rec'd by registrar) J. Frank Hollerman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26th 1940, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19th 1940 to Feb 26th 1940, and that I last saw her alive on Feb 26th 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 7 day

Due to Arteriosclerosis about 12 yr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Frank Hollerman M. D. or other
Address Reisterstown Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

01536

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Baltimore
City or town Woodensburg.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Woodensburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William W Bushey

3. (b) Social Security Number none

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Maried
6 (b) Name of ~~husband~~ or wife: Stella F Bushey
6(c) If alive, give age: 66 years
7. Birth date of deceased (mo., day, yr.): March 6 - 1858
8. AGE: Years: 81 | Months: 10 | Days: 29 | If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Retired farmer
11. Industry or business:
FATHER 12. Name: William H Bushey
13. Birthplace: Maryland
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Mr Leslie Taylor
Address: Reisterstown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 8 - 1940 (month) (day) (year)
Cemetery or crematory: Emory
Location: Near Woodensburg Md
18. Funeral director: Edw G Upton
Address: Hampstead Md
19. Feb 6 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 5 1940, at 1:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Feb 5 1940, and that I last saw h[illegible] alive on Feb 4 1940.

	DURATION
Immediate cause of death: Uremic coma	2 days
Due to: Chronic nephritis	20 yrs
Due to: hypertension + arteriosclerosis	years
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ~ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James G. Lasley M. D. of other
Address Reisterstown, Md Date signed 2/6/40

RECEIVED
MAR 4 1940
BUREAU V. S.

52

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 4-4

CERTIFICATE OF DEATH

01537

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Essex
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Marlyn ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 22 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. Marlyn ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? Austria 72 years

3 (a) FULL NAME Marie BarBara Ceika

3 (b) If veteran, name war None
3 (c) Social Security No.

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Joseph H.
6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Mar 23, 1867

8. AGE: Years 72 | Months 10 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Europe
(Town, county, and atate)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name Joseph Kasak
13. Birthplace Europe

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Joseph H Ceika
(b) Address Marlyn Ave Stemmers Run P.O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17/40 (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) 2-15-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 15 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1940, to Feb 15 1940 and that I last saw him alive on Feb 15 1940.

Immediate cause of death Cerebral Apoplexy
Due to Hypertensive arteriosclerotic Cardio vascular disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Baumgardner
M. D. or other
Address Rosedale Md Date signed 2/15/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

01538

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address (hospital, or institution): 3 Dutton Ave

Stay in hospital or inst. (yrs., or mos., or days) ---

Stay in this community (yrs., or mos., or days) 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants, give residence of mother)

State Maryland County Baltimore

City or town Catonsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 3 Dutton Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME Catherine Elizabeth Thell

3. (b) Social Security Number ---

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edward John Thell

6(c) If alive, give age ---

7. Birth date of deceased (mo., day, yr.): Sept. 9, 1878.

8. AGE: Years 61 | Months 5 | Days 5 | If less than one day: ---hrs. ---min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Home

11. Industry or business: Own Home

FATHER

12. Name: Joseph E. Dall

13. Birthplace: New Brunswick, New Jersey

MOTHER

14. Maiden name: Louisa Lippelt

15. Birthplace: Philadelphia, Penna.

16. Informant: Miss. Myrtle E. Thell

Address: 3 Dutton Ave, Catonsville Md.

17. (Burial, cremation, or removal. Which?) Cremation at Loudon Park, Baltimore, Md. Date thereof: Feb. 16, 1940 (month) (day) (year)

Cemetery or crematory: and ashes interment Prospect Cemetery

Location: Mayfield, Ky.

18. Funeral director: Easton Sons

Address: Ellicott City

19. 2/16/1940 (Date rec'd by registrar) [signature] Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 14 1940, at 11 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October, 1938, to February, 14 1940, and that I last saw her alive on February, 13 1940.

Immediate cause of death: Cerebral Apoplexy. — DURATION: 1 1/3 yrs.

Due to ---

Due to ---

Other conditions ---

(Include pregnancy within 3 months of death)

Major findings:

Of operations: 0

Of autopsy: 0

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: 0 Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury Injured at work?

23. SIGNATURE: J. Lloyd Johnson M. D. or other

Address: Catonsville, Md. Date signed: 2/14/40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 33-a

Reg. Dist. No. 44 01539

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Sparrows Point (Rural) (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: North Point Road
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 2 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point (Rural) (If outside city or town limits, write RURAL and give town)
(d) Street No. North Point Road (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Thomas A. Ciesla

3 (b) If veteran, name war —

3 (c) Social Security No. 215-09-6767

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Catherine Ciesla

6. (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Nov 28 1902

8. AGE: Years 37 | Months 2 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual occupation Chrome Cork Seal Co.

11. Industry or business

FATHER
12. Name Michael Ciesla
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna Labecka
15. Birthplace Poland

16 (a) Informant Mrs Catherine E Ciesla
(b) Address Box 292 North Point Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem
Location Balto. City

18 (a) Funeral director John M Weber
(b) Address 420 S. Chester Street

19 (a) FEB 16 1940 (Date rec'd by registrar) (b) Dawson L. Fowler Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 14 1940, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to Feb 14 1940, and that I last saw him alive on Feb. 13 1940.

	Duration
Immediate cause of death (a) Lobar Pneumonia	3 days
Due to (b) Type III Pneumococcic Infection	
Due to (c)	
Other conditions Influenza	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature A. W. Reier M.D. (M. D. or other)
Address Dundalk Md. Date signed Feb 15, 1940

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

FEB 26 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

01540

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto Co.
City or town: Fork Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Fork Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert T. Clayton

3. (b) Social Security Number: no

4. Sex: M.
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lena Clayton
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Feb. 15 - 1864
8. AGE: Years: 76 | Months: 11 | Days: 26 | If less than one day: hrs. min.
9. Birthplace: Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: John Clayton
13. Birthplace: Md.
MOTHER 14. Maiden name: Lena Semoss
15. Birthplace: Md.
16. Informant: Carl Clayton
Address: Hyde Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 13-1940 (month) (day) (year)
Cemetery or crematory: Fork M. E. Cem.
Location: Fork Md.
18. Funeral director: Clarence E. Arthur
Address: Fork Md.
19. Feb. 12 19 40 (Date rec'd by registrar) W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 11 19 40, at 12:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 10, 1940 to Feb. 11 19 40, and that I last saw h alive on Feb 11 19 40

	DURATION
Immediate cause of death: Congestive Heart Failure	2 wks
Due to: Hypertension	6 yrs
Due to: Arteriosclerosis	10 yrs.
Other conditions: Hypertrophy of Prostate Gland.	1 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Clifford F. Hudson M. D. or other
Address: Fork, Md. Date signed 2/12/40

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-C) Reg. Dist. No. 30

CERTIFICATE OF DEATH

01541

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Beechwood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Ridge Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Eugene Francis Colombain

3 (b) If veteran, name war: Indian Uprising
3 (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Clara Colombain
6. (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) July 14, 1859
8. AGE: Years 80 | Months 6 | Days 21 | If less than one day ____ hr. ____ min.
9. Birthplace: Georgia (Town, county, and state)
10. Usual occupation: Retired Gardner
11. Industry or business:

FATHER
12. Name: Eugene F. Colombain
13. Birthplace: Georgia

MOTHER
14. Maiden Name: Harriet Shannon
15. Birthplace: Georgia

16 (a) Informant: Mrs. May Evans
(b) Address: Beechwood Nursing Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cemetery
Location: Woodlawn, Md.
18 (a) Funeral director: [signature]
(b) Address: 1003 W. Baltimore St.
19 (a) 2-6-40 (Date rec'd by registrar) (b) [signature] Registrar
Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 5, 1940 19__, at 5.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 28, 40. to Feb, 5 19 40, and that I last saw him alive on Feb - 3 19 40.

Immediate cause of death	Duration
Chronic Nephritis	Years
Due to Senility	"
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address 610 Frederick Rd. Catonsville, Md. Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01542

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 9 mos., 4 days

Stay in this community (yrs., or mos., or days): 9 mos., 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1947 W. Lafayette Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Edward J. Conroy

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 9, 1890

8. AGE: Years	Months	Days	If less than one day
50	1	10	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Blacksmith

11. Industry or business: Unknown

FATHER — 12. Name: Daniel Conroy

FATHER — 13. Birthplace: Baltimore, Maryland

MOTHER — 14. Maiden name: Mary Quinn

MOTHER — 15. Birthplace: Baltimore, Maryland

16. Informant: J. Frank Spalding

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Febr. 21, 1940 (month) (day) (year)

Cemetery or crematory: New Cathedral Cemetery,

Location: Baltimore, Maryland

18. Funeral director: Bertram W. Gore,

Address: 2224 N. Charles St., Baltimore, Md.

19. Febr. 19, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 19, 1940 at 2:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15, 1939 to Febr. 19, 1940, and that I last saw him alive on February 19, 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 21 mos.

Due to: Tubercle Bacilli

Due to:

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D. (M. D. or other)

Address: Mt. Wilson, Md. Date signed: 2/19/40

FEB 20 1940
BUREAU V. A

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (169)

CERTIFICATE OF DEATH

01543

Reg. Dist. No. 37

1. PLACE OF DEATH:
County Balto
City or town Ashland Station
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Sparks, Balto. 6 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR no

3. (a) FULL NAME Georgianna Causion

3. (b) Social Security Number None

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife John Edward Causion
6(c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Aug 4, 1882

8. AGE: Years ~~about~~ 57 Months 6 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace Cockeysville R.F.D.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business Private Homes

FATHER
12. Name George Lee
13. Birthplace Cockeysville Md.

MOTHER
14. Maiden name Mary Jane Lee
15. Birthplace Cockeysville, Md.

16. Informant J. E. Causion
Address Sparks, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb. 18, 1940 (month) (day) (year)
Cemetery or crematory Stevenson
Location Sparks, Md

18. Funeral director Landon M. Brooks
Address Sparks, Md.

19. Feb. 16- 1940 Wilmer C. Ensor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 14th 1940, at 5 P. M. About

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ___ 19___, to ___ 19___, ~~and that I last saw h___ alive on ___ 19___~~

Immediate cause of death Accident fractured skull, left leg right forearm
Due to Struck by train at Ashland Sta Pim N R.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Date of 2-14-1940
Where did injury occur? Ashland (City or town) Balto (County) Md (State)
Injured ~~at home, farm, industry~~, public place (where?) R R track
Means of injury Struck by train Injured at work? no

23. SIGNATURE W. P. O. Mose Supt M Ex
M. D. or other
Address Pikesville Md Date signed 2-14-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01544

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Balto. Registration Dist. No. 38

Village or City Carney No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Cox If U. S. Veteran, specify WAR

(a) Residence: No. 3rd Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John T. Cox

6. DATE OF BIRTH (month, day, and year) Nov 11th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Abraham First

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Georgeanna ?

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT John T. Cox (Address) 3rd Ave Carney Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Mar 2nd, 1940

19. UNDERTAKER William Cook (Address) 1219 St Paul St

20. FILED 2/29, 1940 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH ~~Feb~~ (Month) 29th (Day), 1940 (Year)

22. ~~Feb~~, HEREBY CERTIFY, That I attended deceased from ~~Feb~~ 14, 1940, to Feb 29, 1940

I last saw h~~er~~ alive on Feb. 28, 1940; death is said to have occurred on the date stated above, at 12 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
10 mths duration	

Other Contributory Causes of importence:

Name of operation None Date of

What test confirmed diagnosis? Examination was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. V. Kelly M. D.

(Address) 100 N. Lemmon Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01545

Reg. Dist. No. 37

1. PLACE OF DEATH:
County: Baltimore
City or town: Texas
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Baltimore County Home
Stay in hospital or inst. (yrs., or mos., or days): 9 yrs 2 Mo.-5 days
Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Granit Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Margaret Cox
3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Alexander Cox
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Unknown
8. AGE: Years: about 90 Months: — Days: — If less than one day ____ hrs. ____ min.
9. Birthplace: Granit Baltimore Maryland (Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business
FATHER
12. Name: Unknown
13. Birthplace: "
MOTHER
14. Maiden name: Unknown
15. Birthplace: "
16. Informant: Baltimore County Home
Address: Texas Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 17 1940 (month) (day) (year)
Cemetery or crematory: Baltimore County Home Cem.
Location: Texas Md.
18. Funeral director: Landon M. Brooks
Address: Sparks Md.
19. Feb 15 1940 (Date rec'd by registrar) Wm J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 15 1940, at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1936, to Feb 15 1940, and that I last saw her alive on Feb 13 1940.
Immediate cause of death: Abdominal Carcinoma — DURATION: 1 yr
Due to: Senility
Primary Carcinoma of stomach
Due to: gastric cancer. C.W.G.R.
Duration: about two years
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Wilmer C Ensor M.D. (M. D. or other)
Address: Cockeysville Md. Date signed: Feb 16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15)

CERTIFICATE OF DEATH

01546

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 mo., 23 days

Stay in this community (yrs., or mos., or days): 1 mo., 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs. Marie Currey

3. (b) Social Security Number: 212-10-6881

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: James Currey

6(c) If alive, give age: 25 years

7. Birth date of deceased (mo., day, yr.): September 3, 1914

8. AGE:

Years	Months	Days	If less than one day
25	5	17	hrs. min.

9. Birthplace: Secretary, Dorchester Co., Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER

12. Name: Raymond Saunders

13. Birthplace: Trappe, Maryland

MOTHER

14. Maiden name: Florence Colbourne

15. Birthplace: Secretary, Maryland

16. Informant: Eleanor Pearson

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Febr. 23, 1940 (month) (day) (year)

Cemetery or crematory: Choptank Cemetery,

Location: Caroline County, Maryland

18. Funeral director: J. Jerome Frampton

Address: Federalsburg, Maryland

19. Febr. 20, 1940 (Date rec'd by registrar) J. Frank Spedden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 20, 1940, at 12:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 28, 1939 to Febr. 20, 1940, and that I last saw her alive on February 20, 1940.

Immediate cause of death: Tuberculous Peritonitis — CURATION: 6 mos.

Due to: Tubercle Bacilli

Due to:

Other conditions: Fatal Hemorrhage of Bowels, Chronic Nephritis. (Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D. (M. D. or other)

Address: Mt. Wilson, Md. Date signed: 2/20/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

01547

CERTIFICATE OF DEATH

Reg. Diat. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Randallstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Randallstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Church Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Caroline Davis

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Charles Davis
6(c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Mounknown 1850

8. AGE:

Years	Months	Days	If less than one day
90	-	-	____hrs. ____min.

9. Birthplace Balto Co Md
(Town, county, and state)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Henry Bell
13. Birthplace Maryland
MOTHER 14. Maiden name Miranda Johnson
15. Birthplace md
18. Informant Charles Davis
Address Randallstown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 9 1940 (month) (day) (year)
Cemetery or crematory St Thomas
Location Liberty Rd near Randallstown
18. Funeral director James A Hayes
Address 142 W Hill St Balto Md
19. Feb 6 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to Feb 6 1940, and that I last saw her alive on Feb 3 1940.

Immediate cause of death	DURATION
Chronic Valvular Heart Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm E. Martin M. D. or other
Address Randallstown Md Date signed Feb 6 1940

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

01548

60 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto.
City or town Chase
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Eastern Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 41 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Chesapeake Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Chesapeake Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Davis

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
B (b) Name of husband or wife: Elisha W. Davis
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 11th 1863
8. AGE: Years 76 | Months 11 | Days 27 | If less than one day ____ hrs. ____ min.
9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: at home
11. Industry or business
FATHER 12. Name: Wm Jones
13. Birthplace: Md
MOTHER 14. Maiden name: Meehan
15. Birthplace: Md.
16. Informant: Louis Davis
Address: Bengies Md.
17. Burial, cremation, or removal. Which?: Burial Date thereof: March 2nd 40 (month) (day) (year)
Cemetery or crematory: Oak Lawn
Location: Eastern Ave. Rd.
18. Funeral director: L. Lansdale & Son
Address: 2401 Belair Rd
19. (Date rec'd by registrar) 3/1/40 John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 28th 1940, at 8 1/2 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18 1940, to Feb 28 1940, and that I last saw her alive on Feb. 28 1940.

	DURATION
Immediate cause of death: Chronic Myocarditis	2 yrs.
Due to	
Due to	
Other conditions: Chronic Nephritis; Diabetes; Hypertension; Arteriosclerosis.	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE J. J. White, M.D. M. D. or other
Address 7610 Eastern Ave, Balto Md Date signed 2/29/40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

01549

83-a

DEETJEN

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Maple Grove Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tena Deetjen If U. S. Veteran, specify WAR ...

(a) Residence: No. 1808 E. Oliver St. St., Ward. Baltimore

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 17, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Tjark Deetjen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Betty Rosched

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Nelson Thomas (Address) 2512 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Feb. 16, 1940

19. UNDERTAKER A. Lee Oder (Address) 4905 York Rd.

20. FILED 2/16 1940 H. L. Anderson Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 15 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1940, to Feb 15, 1940

I last saw her alive on Feb. 14, 1940; death is said to have occurred on the date stated above, at 7:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/10/40

Other Contributory Causes of importance:

Arteriosclerosis General

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Eliot W. Gutmann M. D.

(Address) 343 E. Fredrick Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01550

93-d

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Bayneville No. Joppa Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 1 mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Conrad Dorfler

(a) Residence: No. Maplewood Road, Idlewylde, Md. St. Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 11, 1881

7. AGE Years 59 Months 11 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Self

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Brooklyn, Anarundel Co. Md.

FATHER

13. NAME John ~~Dorfler~~ DORFLER

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ~~Unknown~~ Rose Stein

16. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Germany

17. INFORMANT Mr. John Dorfler (Address) Idlewylde, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Fort Lincoln Hereford, Md. Date Feb. 29, 1940

19. UNDERTAKER John Burns' Sons (Address) Towson (D. Md.)

20. FILED 7/27, 1940 W. Gerrale Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Feb 26, 1940

I last saw him alive on 2/26, 1940; death is said to have occurred on the date stated above, at 4:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic Cardiovascular disease	1935

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Reier M. D.

(Address) 6701 York Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01551

1. PLACE OF DEATH

County Balto. (107) Registration Dist. No. 31

Village ~~or City~~ Hebbville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Arthur Leon Dorman If U.S. Veteran specify WAR

(a) Residence: No. Rolling Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Oct 15, 1939

7. AGE Years | Months 3 | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Arthur N. Dorman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella M Howard.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Arthur N. Dorman Rolling Rd. Hebbville

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb. 5, 1940

19. UNDERTAKER (Address) Chenoweth & Donovan 3615-17 Chestnut Ave.

20. FILED Feb 4, 1940 Wm E Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 4, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1940, to Feb 4, 1940

I last saw him alive on Feb 4, 1940; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/2/40

Other Contributory Causes of Importance:

Name of operation - Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury -

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature] M. D.

(Address) Rockdale, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

01552

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Balto

City or town: Fullerton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Fitch ave McBel air Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Penna County: Lancaster

City or town: Swarthmore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 203 Elm Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Karl Duncker

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 2nd 1903

8. AGE: Years: 37 Months: Days: 21 If less than one day ____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: teacher

11. Industry or business: College

FATHER 12. Name: Herman Duncker

13. Birthplace: Germany

MOTHER 14. Maiden name: Kathe Doell

15. Birthplace: Germany

16. Informant: Kathe Duncker

Address: 203 Elm Ave Swarthmore Pa

17. Cremation (Burial, cremation, or removal, Which?) Date thereof: Feb 26 40 (month) (day) (year)

Cemetery or crematory: London Park

Location: Balto City Md

18. Funeral director: F. Lassahn & Son

Address: 7401 Belair Rd.

19. 2/24 1940 (Date rec'd by registrar) Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 23rd 1940, at 11a M about

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Gun shot wound in head

Due to: pistol

Due to: self inflicted

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: suicide Date of: Feby 23 1940

Where did injury occur? Fullerton (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?): road public place

Means of injury: Injured at work? no

23. SIGNATURE: Geo McKeeffer Deputy Med Exam J Balto M. D. or other

Address: 1010 Leeds Ave Date signed: Feby 24 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECD
FEB 29 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01553

Reg. Dist. No. 4-38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 4 mo. 17 Day

Stay in this community (yrs., or mos., or days): Sam

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 131 N. Fulton Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: William Eberly

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 25, 1895

8. AGE:

Years	Months	Days	If less than one day
44	11	25	hrs. min.

9. Birthplace: Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation: Marine Engineer.

11. Industry or business: Navy.

FATHER
12. Name: Unknown.
13. Birthplace

MOTHER
14. Maiden name: Unknown.
15. Birthplace

16. Informant: Personal History - Hospital Record

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/24/40 (month) (day) (year)

Cemetery or crematory: Meadow Ridge Cem.

Location: Dorsey - Maryland

18. Funeral director: F. B. Wilkerson & Son

Address: 1300 Eutaw Place

19. 2/24/40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 21, 1940, at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 3, 1939, to Feb. 21, 1940, and that I last saw him alive on Feb 21, 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	May 1939
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other

Address: Towson, Md. Date signed: 2-21-40

Viola W Clark

372, S. East Ave

RECEIVED
MAR 1 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51-6

01554

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Baltimore

City or town: Rosedale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 78 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Rosedale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Philadelphia Rd & Longview Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Henry Eckmeyer

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Barbara Eckmeyer

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Apr 19 - 1861

8. AGE: Years: 78 Months: 10 Days: 27 If less than one day ____ hrs. ____ min.

9. Birthplace: Rosedale Balto Co Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: —

FATHER
12. Name: Henry Eckmeyer
13. Birthplace: Germany

MOTHER
14. Maiden name: Anna M. Steinkamp
15. Birthplace: Germany

16. Informant: Geo Langenfelder
Address: Philadelphia Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/18/40 (month) (day) (year)

Cemetery or crematory: Bitterman Run Zion Cem

Location: Stemmers Run Balto Co

18. Funeral director: John Ullrich
Address: 2008 Orleans St

19. Feb. 18 1940 (Date rec'd by registrar) J. G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby 15 1940, at 2 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20th 1939, to Feb 15 1940, and that I last saw him alive on Feb 13 1940.

Immediate cause of death: Carcinoma Prostate — DURATION: about 6 mo

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations:

Of autopsy: No.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J S Harding MD M. D. or other

Address: 48.0 Belair Rd Date signed

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01555

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 6 mo 18 dys
Stay in this community (yrs., or mos., or days): Saw.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 312 Rossiter ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Joseph Raymond Eder
3. (b) Social Security Number: 212-091142

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
8 (b) Name of husband or wife: Albertina Eder.
6(c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.): August 31, 1887
8. AGE: Years 52 Months 5 Days 13 If less than one day ___ hrs. ___ min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: Lawyer
11. Industry or business: Own business.
FATHER
12. Name: Edward J. Eder
13. Birthplace: Maryland
MOTHER
14. Maiden name: Amelia Tolley
15. Birthplace: Maryland
16. Informant: Personal History-Hospital Records
Address: Eudowood Sanatorium, Towson, Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Feb 16, 1940 (month) (day) (year)
Cemetery or crematory: Baltimore Cem
Location: East North ave
18. Funeral director: Johan A. Moran
Address: Greenmont & 42th St
19. 2/13 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feburg 13, 1940, at 12:10 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1938, to Feburg 13 1940, and that I last saw him alive on Feburg 13 1940.
Immediate cause of death: Pulmonary Tuberculosis
DURATION: August 1937
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W A Bridges M. D. or other
Address: Towson, Md. Date signed: 2-13-40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 15 1940
BUREAU V. E.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

01556

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County: Balto. County

City or town: Raspeburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 4116 Northern Pkwy

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4116 Northern Pkwy
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lizzie Edwards

3. (b) Social Security Number

4. Sex: F.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 8 1857

8. AGE: Years 82 | Months 11 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace: Balto.
(Town, county, and state)

10. Usual occupation: House Work

11. Industry or business

FATHER
12. Name: William H. Edwards
13. Birthplace: Balto.

MOTHER
14. Maiden name: Annie King
15. Birthplace: Va.

16. Informant: Edgar K. Edwards
Address: 1240 N. Broadway

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 3 40 (month) (day) (year)

Cemetery or ~~crematory~~: Balto.

Location: E. North ave

18. Funeral director: Martin W. E. Dippel
Address: 7110 Belair Rd

19. 2/3 1940 (Date rec'd by registrar) Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 1 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 1940, to Feb 1 1940, and that I last saw her alive on Feb 1 1940.

Immediate cause of death: Cerebral hemorrhage — DURATION: Jan 25

Due to: Arteriosclerosis — 8 yrs

Due to:

Other conditions: Acute pulmonary oedema — 2 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Alice Hochew MD
M. D. or other

Address: 4116 Northern Pkwy Date signed: 2/2/40

RECEIVED
MAR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

011557

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Middle River
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Back River Neck Rd.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto.
City or town: Middle River Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Back River Neck Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Spanish American

3. (a) FULL NAME: Charles Emerson Eichhart

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Alice
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 19, 1871
8. AGE: Years: 68 Months: 7 Days: 18 If less than one day: hrs. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: Painter
11. Industry or business: Retired
FATHER 12. Name: Thomas Eichhart
13. Birthplace: Unknown
MOTHER 14. Maiden name: Anna Sinclair
15. Birthplace: Unknown
16. Informant: Mrs. Mabel Lowe
Address: Stemmers Run, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 10, 1940 (month), (day), (year)
Cemetery or crematory: Baltimore National
Location: Baltimore, Md.
16. Funeral director: Wm. Cook
Address: 1217 W. Pratt St.
19. Feb. 8 (Date rec'd by registrar) 19 40 Jno. J. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 7 1940, at 12 mid.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1937, to Feb 7 1940, and that I last saw him alive on Jan 30 1940.

Immediate cause of death: Uraemia — DURATION: 2 wks.
Due to: Chronic nephritis — Years
Due to: Arteriosclerotic cardio-vascular-renal disease — Years
Other conditions: Hypertension — Years

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: George A. Linn M.D.
M. D. or other
Address: Essex Md. Date signed: 2-8-40

RECEIVED
FEB 10 1940
BUREAU V. S.

01558

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 106-01

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County Baltimore

~~City~~ or town White Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5-wks-4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town White Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarence Douglas Ford

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Single

B (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23 - 1939

8. AGE: Years | Months 1 | Days 11 | If less than one day hrs. min.

9. Birthplace University Hosp. Balto. City (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Clarence Ford
13. Birthplace White Hall, Md

MOTHER
14. Maiden name Elenora Vernon
15. Birthplace Clarksburg W Va

16. Informant Mr. Clarence Ford

Address White Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 5 1940 (month) (day) (year)

Cemetery or crematory Wisebury

Location White Hall, Md

18. Funeral director P. Marklin Sr

Address White Hall Md

19. Feb 5th 1940 (Date rec'd by registrar) Melvin Bartlett Mr D Registrar

MEDICAL CERTIFICATION above

20. DATE OF DEATH Feb 4th 1940, at 12-15 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Acute bronchitis

Due to dust on way to office of Dr A M Francis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. E. Myer Dept. M. Ex. M. D. or other

Address Pikesville Md Date signed 2-4-40

MARGIN RESERVED FOR BINDING B.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

01559

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: BALTIMORE

City or town: Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 642 Main St.

Stay in hospital or inst. (yrs., or mos., or days): ~~70 yrs 5 mo 24 da~~

Stay in this community (yrs., or mos., or days): 55 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto

City or town: Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 635 Main Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: HARRY E. FOX (Henry Ernest Fox)

3. (b) Social Security Number: 212-10-8079

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife: Grace E. Yingling

6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): August 23, 1869

8. AGE:	Years	Months	Days	If less than one day
	70	5	24	____ hrs. ____ min.

9. Birthplace: New York
(Town, county, and state)

10. Usual occupation: Special officer
Station house Keeper Reis. Police

11. Industry or business:

FATHER — 12. Name: Henry James Fox
13. Birthplace: Conn.

MOTHER — 14. Maiden name: Maria Louise Immen
15. Birthplace: Litchfield, Conn.

16. Informant: Mrs. Harry Arbaugh, Jr.
Address: Reisterstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 20. 1940 (month) (day) (year)

Cemetery or crematory: Asbury Cemetery

Location: Reisterstown, Md.

18. Funeral director: Wm. Berryman & Sons

Address: Reisterstown, Md.

19. Feb. 19 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 17, 1940 9-30a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Feb 17 1940, and that I last saw alive on Feb 16 1940.

Immediate cause of death	DURATION
Angina Pectoris	
Due to Myocarditis	
Due to Hypertension	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Reisterstown Md Date signed 2/18/40

FEB 24 1940
BUREAU V. P.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01560

50 (95-0)

1. PLACE OF DEATH

County Balto Co. Registration Dist. No. 44

Village or City Hyde Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Elisha Gatchell If U. S. Veteran, specify WAR

(a) Residence: No. Hyde Park St., Ward, (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R

6. DATE OF BIRTH (month, day, and year) Sept 25 - 1861

7. AGE Years 78 Months 4 Days 14 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Self.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME William Gatchell

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Blanche Guyton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs Anna Clinedist Stemmers Run - Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moreland Men Pk. Date Feb. 11 - 1940

19. UNDERTAKER (Address) William Cook 1217 St Paul St

20. FILED Feb 8 - 1940 J. G. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2 (Month) 8 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1940, to Feb 8, 1940

I last saw him alive on Feb 8, 1940; death is said to have occurred on the date stated above, at 6 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	2/5/40

Other Contributary Causes of Importance: Arteriosclerosis —

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Shepherd Drain M.D.

(Address) 1 Bay Brush Blvd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01561

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City Kingsville No. Belair Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline M. Goettner If U. S. Veteran, specify WAR

(a) Residence: No. Belair Road, Kingsville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Goettner

6. DATE OF BIRTH (month, day, and year) Sept. 25th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) Germany

FATHER

13. NAME Schneider

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Mrs. Frank J. Goettner Jr. (Address) Kingsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date March 4, 1940

19. UNDERTAKER F. Lassahn & Son (Address) 7401 Belair Road

20. FILED 3/2/40 Wm. Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1939, to Feb 28, 1940

I last saw her alive on Feb 27, 1940; death is said to have occurred on the date stated above, at 6.45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Kidney (probably Hypernephroma)	?

Other Contributory Causes of importance:

Pulmonary Edema	2/22/40

Name of operation none Date of

What test confirmed diagnosis? pyelogram Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Harry R. Shelley M. D.

(Address) 104 W. Madison St. Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engincer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED APR 4 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164a)

CERTIFICATE OF DEATH

01562

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Balto

County Baltimore

City or town Edgewood Towson Mun

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County Harford

City or town Not Known Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jesse B. Green

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife Della Ann Green

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 13, 1871

8. AGE: Years	Months	Days	If less than one day
67	8	28	hrs. min.

9. Birthplace Williamston North Carolina

(Town, county, and state)

10. Usual occupation Gardener

11. Industry or business —

FATHER 12. Name Jesse Green

13. Birthplace North Carolina

MOTHER 14. Maiden name Gant Eason

15. Birthplace North Carolina

16. Informant N. C. Green

Address Williamston, N. C.

17. Burial Date thereof Feb. 13, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Jessups

Location Sparks, Md.

18. Funeral director Landon M. Brooks

Address Sparks, Md.

19. 2/14/40 Ralph Everett Pardoe Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11th 1940, at A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 ; and that I last saw h alive on 19 .

Immediate cause of death Suicide by hanging, see Item

Due to of Mrs. J. R. Fuller

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes; fill in the following:

~~Accident~~, suicide, or ~~homicide~~ Suicide Date of 2-11-1940

Where did injury occur? Edgewood Balto Md

(City or town) (County) (State)

Injured at home, ~~farm, industry, public place~~ (where?)

Means of injury hanging Injured at work? No

23. SIGNATURE W. T. S. Myers Lieut M Pa

M. D. or other

Address Aberdeen Md Date signed 2-11-40

RECEIVED
MAR 1 1949
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-d

01563

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:
County Balto.
City or town Phoenix
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 16 wks.
Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto.
City or town Phoenix Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louisa Bethara Griffith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	Widowed

6 (b) Name of husband or wife Taylor Griffith.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19 1860

8. AGE:

Years	Months	Days	If less than one day
80	0	21	hrs. min.

9. Birthplace Fallston Harford Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home.
FATHER 12. Name John B. Holland
13. Birthplace Harford Co. Md.
MOTHER 14. Maiden name Louisa M. Waters
15. Birthplace Unknown.
16. Informant Bessie L. Smith
Address Phoenix Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 11 / 40 (month) (day) (year)
Cemetery or crematory Clynmania
Location Monkton Md
18. Funeral director Langdon M. Brooks
Address Sparks Md.
19. Feb. 10 1940 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1940, at 1A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1938, to Feb 9 1940, and that I last saw her alive on Feb 9 1940.

Immediate cause of death	DURATION
Pulmonary Edema	24 hrs
Due to Chronic Valvular Endocarditis	2 yrs
Due to Fracture of femur (Bedridden)	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wilmer C. Ensor M.D.
M. D. or other
Address Cockeysville Md. Date signed Feb 9/40

RECEIVED
MAR 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01564

1. PLACE OF DEATH 83 a

County BALTO. Registration Dist. No. 38

Village or City Towson No. 121 W. Susquehanna Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MICHAEL GUELTA If U. S. Veteran, specify WAR .....

(a) Residence: No. 121 W. SUSQUEHANNA St. AVE Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWER.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: HEDWIG GUELTA

6. DATE OF BIRTH (month, day, and year): APRIL 11 - 1869

7. AGE: 70 Years, 10 Months, 18 Days. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: LABOR.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): GERMANY

FATHER

13. NAME: JOSEPH DONOHUE.

14. BIRTHPLACE (city or town) (State or country): GERMANY

MOTHER

15. MAIDEN NAME: HEDWIG [illegible]

16. BIRTHPLACE (city or town) (State or country): GERMANY

17. INFORMANT (Address): ROSE DONOHUE 121 SUSQUEHANA

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 3-2-40, 19

19. UNDERTAKER (Address): LEONARD J RUCK 5305 HARFORD ROAD.

20. FILED: 3/1 1940 Wilbarolle Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1940, to Feb. 28, 1940

I last saw him alive on Feb. 28, 1940; death is said to have occurred on the date stated above, at 5 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/18/40

Other Contributory Causes of Importance:

Cerebral Arteriosclerosis

Generalized Arteriosclerosis

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos. A. Sedlacek M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01565

STATE OF MARYLAND—CERTIFICATE OF DEATH

(107)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 44

Village or City Fort Howard, No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Charles Hale If U.S. Veteran specify WAR

(a) Residence: No. Qrs #21, Fort Howard St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 27th, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Howard, (State or country) Maryland.

FATHER

13. NAME William Lester Hale

14. BIRTHPLACE (city or town) Joplin, (State or country) Mo.

MOTHER

15. MAIDEN NAME Laura Alice Duer

16. BIRTHPLACE (city or town) Sedalia, (State or country) Mo.

17. INFORMANT William Lester Hale (Address) Fort Howard, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Balt. Nat. Cemetery Date Feb. 5, 1940

19. UNDERTAKER SOL LEVINSON + BRO (Address) BALTIMORE, Md.

20. FILED Sept. 1940 Dawson L. Harbin Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 1st (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from November 27th, 1939, to February 1st, 1940. I last saw him alive on January 25th, 1940; death is said to have occurred on the date stated above, at 3:10 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Undetermined, autopsy will be held, supplemental report will be submitted.	
Pneumonia, bronchial, all lobes, both lungs; cause, undetermined.	unknown

Other Contributory Causes of Importance: C.W.G.R.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Henry G. Moehring

(Signed) HENRY G. MOEHRING, M. D.

(Address) CAPT., MED. CORPS.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92d)

01566

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: Balto
County White Hall Md
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Sept - 1939

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Susan Rosemind Hall

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Thomas O. Hall
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 1860
8. AGE: Years: About 80 | Months | Days | If less than one day ____ hrs. ____ min.
9. Birthplace: Wrightsville Pa (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER
12. Name: Joseph Mellon
13. Birthplace: Pa
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Roy Hall
Address: White Hall Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 10-1940 (month) (day) (year)
Cemetery or crematory: Pine Grove
Location: White Hall R.F.D. Md
18. Funeral director: P. Mackline & Son
Address: White Hall Md
19. Feb. 8th 1940 (Date rec'd by registrar) Milner Bortner Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 7th 1940, at 5 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h ____ alive on ____ 19__.
Immediate cause of death: Valvular heart disease
Due to: Senile debility
died suddenly this AM
Due to: had not had any Dr
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: W. P. E. Myer Dept M Ex
M. D. or other
Address: Pikesville Md Date signed 2-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 15 1940
BUREAU Y. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01567

1. PLACE OF DEATH (157-e)

County Balto Co. Registration Dist. No. 41

Village or City Dundalk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard J. Hamel

(a) Residence: No. Box #905 N. Dundalk St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12/1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. NONE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Dundalk Md.

FATHER

13. NAME Richard Hamel

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Behr

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Richard Hamel FATHER (Address) Box 905 N. Dundalk

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date FEB. 29, 1940

19. UNDERTAKER Lilly & Zeller Inc (Address) 803 S. Wolfe St.

20. FILED Feb 28, 1940 Walter M Mulson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 27 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb. 2, 1940, to Feb. 27, 1940

I last saw him alive on Feb. 20, 1940; death is said to have occurred on the date stated above, at 9 am m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Sudden death - probably due to Congenital heart disease	2/2/40

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M B Davis M. D.

(Address) Dundalk Md

If more blanks are needed, address State Registrar, 3 N. Charles Street, Baltimore, Requesting U. S. No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d) Reg. Dist. No. 30

CERTIFICATE OF DEATH

01568

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Recedo Knolls, Maiden Choice Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Mo. 16 days
(e) Length of stay in this community (yrs., mos., or days) 10 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Lulu T. Hargrave

3 (b) If veteran, name war: No
3 (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ____
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 4, 1866

8. AGE: Years 73 | Months 7 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Petersburg, Va. (Town, county, and state)
10. Usual occupation School Teacher
11. Industry or business (30 yrs ago)

FATHER
12. Name Epps Hargrave
13. Birthplace Petersburg, Va.

MOTHER
14. Maiden Name Louisa Hoffs
15. Birthplace Petersburg, Va.

16 (a) Informant Edward H. Hargrave
(b) Address Sykesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12/40 (month) (day) (year)
(c) Cemetery or crematory Blandford Cem.
Location Petersburg Va.

18 (a) Funeral director C. Harry Weer
(b) Address Sykesville, Md.

19 (a) 2/10 (Date rec'd by registrar) (b) [signature] Registrar
County Board

MEDICAL CERTIFICATION

20. Date of death Feb. 9, 1940, at 3:- P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30, 1940, to Feb. 9, 1940, and that I last saw him alive on Feb. 6, 1940.

Immediate cause of death	Duration
Myocarditis (Chronic)	7
Due to Manic Depressive psychosis.	Years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature J. Carroll Monmonier M. D. or Other
Address Catonsville, Md. Date signed 2/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01569

1. PLACE OF DEATH (191-G)

County Baltimore Registration Dist. No. 42

Village or City Halethorpe No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Amos Harman Social Security # none

(a) Residence: No. 320 Selma Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5e. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna M. Foutz

6. DATE OF BIRTH (month, day, and year) Jan 30 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Theodore Augustus Harman

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Martha Repp

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT (Address) Mrs Mary Louise Helwig 320 Selma Ave, Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 10th 1940

19. UNDERTAKER (Address) A. Jones 111 S. Gilmor St

20. FILED Feb 8, 1940 G. Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 7 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Feb 7, 1940 I last saw him alive on Feb 7, 1940; death is said to have occurred on the date stated above, at 2 40 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremia	7 days
Chronic Nephritis	2 yrs

Other Contributory Causes of importance:

Myocardial Insufficiency
Arterial Hypertension Dec 1939

Name of operation none Date of

What test confirmed diagnosis? Kidneys Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B B Brumbaugh M.D.

(Address) Elkridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19

01579

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County Baltimore

City or town Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 1 yr., 1 mo., 2 days

Stay in this community (yrs., or mos., or days) 1 yr., 1 mo., 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1631 Lancaster Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William C. Hartman, Jr.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1921

8. AGE: Years	Months	Days	If less than one day
18	9	19	hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Student

11. Industry or business School

FATHER
12. Name William C. Hartman
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden name Victoria Wisniewski
15. Birthplace Baltimore, Maryland

16. Informant Eleanor Pearson

Address Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Febr. 20, 1940 (month) (day) (year)

Cemetery or crematory Holy Redeemer Cemetery,

Location Baltimore, Maryland

18. Funeral director Martin W. E. Dippel

Address Ann & Lombard Sts., Baltimore, Md.

19. Febr. 17 19 40 (Date rec'd by registrar) J. Frank Spedding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1940, at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15, 1939, to Febr. 17, 1940, and that I last saw him alive on February 17, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	29 mos.
Due to Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stewart S. Shaffer M.D.
M. D. or other

Address Mount Wilson, Md. Date signed 2/17/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

01571

CERTIFICATE OF DEATH

Reg. Dist. No. 12

1. PLACE OF DEATH:
County: Baltimore
City or town: Relay
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Arlington Ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Relay. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Arlington
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Maria May Hayden

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 8 1868

8. AGE: Years	Months	Days	If less than one day
71	11	26	hrs. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: None
11. Industry or business:

FATHER
12. Name: John J Hayden
13. Birthplace: Pa.

MOTHER
14. Maiden name: Victoria Egle
15. Birthplace: Baltimore

16. Informant: Mrs. Arthur L Spamer
Address: Greenway apts.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-7-40 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18. Funeral director: Wm. J. Righter & Sons
Address: North & Pa Aves

19. Feb 7 1940 (Date rec'd by registrar) Gertrueffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 4 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, to Feb 4 1940, and that I last saw h alive on Feb 4 1940.

Immediate cause of death	DURATION
Coronary Occlusion	1 month
Due to: Decompensation	
Due to:	
Other conditions: Hypo. static pneumonia	48 hrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of: ✓
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ✓
Means of injury: Injured at work?

23. SIGNATURE: Federici V. Baxter M. D. or other
Address: Medical Arts Bldg Date signed: 2-5-40

RECEIVED
MAR 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01572

1. PLACE OF DEATH (83a)

County Balto. Registration Dist. No. 42

Village or City Arbutus No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whara death occurrad Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank G. Heaps Sr. If U. S. Veteran, specify WAR

(a) Residence: No. Maple Ave & Orchard Drive St., Ward. Social Security No.: 216-12-9084

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Anna M. Heaps

6. DATE OF BIRTH (month, day, and year): Mar 6th 1874

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
65	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.: Meat Cutter

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.: A & P Stores

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Reisterstown Md

FATHER

13. NAME: Mr. Heaps

14. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

MOTHER

15. MAIDEN NAME: Elizabeth Green

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Anna M. Heaps
(Address) Maple Ave & Orchard Drive - Arbutus

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/27, 1940

19. UNDERTAKER: William Cook
(Address) 217 St. Paul St

20. FILED July 26, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 25th (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1940 to Feb. 25, 1940

I last saw him alive on Feb. 24, 1940; death is said to have occurred on the date stated above, at 12:5a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 23
Other Contributary Causes of Importance:	

Name of operation: Date of:

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) 2757 W. North Av.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01573

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County BALTIMORE — Registration Dist. No. 44

Village or City North Point Rd Dundalk No. 55 St., 93rd Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET HEIM

(a) Residence: No. NORTH POINT ROAD St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FREDERICK HEIM

6. DATE OF BIRTH (month, day, and year) JUNE 25-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Reis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Apple

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ella Weathy (Daughter)

(Address) 423 S. Cronwall St

18. BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN CEM. Date Feb. 20, 1940

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 407 S. Wolfe St.

20. FILED Feb. 20, 1940 John S. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 16 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1940, to Feb 16, 1940

I last saw her alive on Feb 16th, 1940; death is said to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Duration-five years.	
cvs-9	

Other Contributary Causes of importance:

Senility	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Tot M. D.

(Address) 4616 Eastern Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Baltimore Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01574

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Hill Top Ave Lansdowne
(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Halethorpe P O Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Hill Top Rd
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME: Ruby C Heinegger

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Ferdinand E

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): May 4 1900

8. AGE: Years	Months	Days	If less than one day
39	9	21	hrs. min.

9. Birthplace: Va
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Curtis Duvall
13. Birthplace: Va

MOTHER
14. Maiden name:
15. Birthplace: Va

16. Informant: Mrs Ferdinand E Heinegger

Address: Hill Top Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 28 1940 (month) (day) (year)

Cemetery or crematory: Western Cem

Location: Edmonson Ave

18. Funeral director: William M Mareck

Address: 715 Light St

19. Feb 26 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 26 1940, at 4 35 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 30 Nov 1939 to 25 Feb 1940, and that I last saw h e alive on 24 February 1940

Immediate cause of death: Tuberculosis Pulmonary — DURATION: 1932 — 7 yrs.

Due to: Enteritis Tuberculous — 30 Nov 39 — 3 mo.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none performed.

Of autopsy: none performed.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: H Laurence Wheeler MD, M. D. or other

Address: 2910 Hollins Ferry Rd Balto Md. Date signed: 25 Feb 40

RECEIVED
MAR 2 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

01575

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Essex Rd Pikesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Catherine Robb Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: ~~Baltimore~~

City or town: ~~Essex Rd~~ Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ~~Pikesville~~ 807 Northwood St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Margaret R. Henry

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Dr Robert J

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec 28 1864

8. AGE: Years: 75 Months: 1 Days: 5 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: John Stumerickhouse
13. Birthplace: Md.

MOTHER
14. Maiden name: Virginia Hammond
15. Birthplace: Md

16. Informant: Mrs B J Williams
Address: Pikesville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Feb 5 1940 (month) (day) (year)

Cemetery or crematory: All Saints

Location: Reisterstown Md

18. Funeral director: William J Tickner + Sons
Address: North + Penna. Ave.

19. Feb 4 - 1940 (Date rec'd by registrar) E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 3 1940, at 3.15 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1936, to Feb 3rd 1940, and that I last saw her alive on Feb 3, 1940 19

Immediate cause of death	DURATION
Chronic Myocarditis	2 yrs.
Due to Hypertension	5 yrs.
Due to	
Other conditions	

(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: James A. Miller Mn
M. D. or other

Address: Pikesville Md Date signed 2/4/40

RECEIVED
FEB 7 1940
BUREAU V. S.

Dr. Joseph Miller
10 to 11 Dr. Nichols

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-E

01576

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School

Stay in hospital or inst. (yrs., or mos., or days) 10 yrs 10 mos 13 dy

Stay in this community (yrs., or mos., or days) 10 yrs 10 mos 13 dys

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1719 Hope Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ruth Louise Hoffman

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14. 1914

8. AGE: Years 25 | Months 6 | Days 1 | If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Inmate Rosewood State Training School.

11. ~~Industry or business~~

FATHER
12. Name George Hoffman
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden name Mary Born
15. Birthplace Baltimore, Maryland

16. Informant Institution's records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 19 1940 (month) (day) (year)

Cemetery or crematory St. Peters

Location Baltimore Md.

18. Funeral director George D. Ruth Inc

Address 1735 Hanford Ave. Balto.

19. Feb. 15 1940 (Date rec'd by registrar) J. [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1940, at 10 30 a.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1 1939, to February 15 1940, and that I last saw her alive on February 15 1940.

Immediate cause of death: Hemorrhage of Lungs due to Passive congestion of lungs — DURATION ½ hr.

Due to Chronic mitral and aortic endocarditis with chronic rheumatic myocarditis — 1939 previous to 1927

Other conditions: Cardiac hypertrophy — 1933; Edema of Legs — 1939
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Isabel H. McClinton M.D.
M. D. or other

Address Rosewood, Owings Mills, Md. Date signed Feb. 15, 1940

FEB 20 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

01577

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Timonium
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Timonium Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ida Clay Holloway

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Edwin E. Holloway

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 20 1852

8. AGE: Years	Months	Days	If less than one day
87	8	16	____ hrs. ____ min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Jesse Klinefelter
13. Birthplace: Baltimore

MOTHER
14. Maiden name: Barbara Ann Ramsey
15. Birthplace: Baltimore

16. Informant: Mr. Edwin S. Holloway
Address: Timonium Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Feb. 9 1940 (month) (day) (year)

Cemetery or crematory: Trinity Cemetery

Location: Upper Marlboro Md.

18. Funeral director: William J. Tickner & Sons
Address: North & Pennsylvania Aves

19. Feb. 8th 1940 (Date rec'd by registrar) W. Howard Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 6th 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12th 1930 19__, to Feb 5th 1940, and that I last saw her alive on Feb 5th 1940.

Immediate cause of death: Acute Myocardial dilatation

Due to: Chronic Myocarditis

Due to: Senility. Arterial Sclerosis General Etc

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: B. A. Lillich M. D. or other

Address: 3615 Falls Rd. Balto. Md. Date signed: Feb 7th 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 2 1940
BUREAU V. S.

A.B. Lillich 36 15 Balls Rd.
Reg 234

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92F)

Reg. Dist. No. 37

01578

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Rural - Lutherville P.O.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Broadway Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 30 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Rural - Lutherville P.O
(If outside city or town limits, write RURAL and give town)
(d) Street No. Broadway Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Thomas John Hood (junior)

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Daisy Hood

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) April 14 1866

8. AGE: Years 74 | Months 9 | Days 19 | If less than one day ——— hr. ——— min.

9. Birthplace Baltimore City Md.
(Town, county, and state)

10. Usual occupation Merchant retired

11. Industry or business

FATHER
12. Name Thomas John Hood
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Perkins
15. Birthplace Maryland

16 (a) Informant Mrs. Hunt Dawes
(b) Address Lutherville P.O. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) Feb. 2-1940 (Date rec'd by registrar) (b) Wm. J. Labiscoad Registrar

MEDICAL CERTIFICATION

20. Date of death February 2 1940, at 12:33 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to Feb 2 1940, and that I last saw him alive on Feb 2 1940.

Immediate cause of death	Duration
Mitral Insufficiency	
Cardiac Cirrhosis.	10 years.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. O. Dellman M.D.
M. D. or other
Address Towson Md Date signed Feb 2, 1940

RECEIVED
MAR 15 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

01579

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: Balto

County Perry Hall, Fullerton

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Balto

City or town Fullerton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Belair Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John P. Horn

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Emma Horn

6(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Jan. 16th 1893

8. AGE: Years 47 | Months | Days 21 | If less than one day ___ hrs. ___ min.

9. Birthplace Balto. Co. Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Florist

FATHER 12. Name John Horn

13. Birthplace Unknown

MOTHER 14. Maiden name Katherine Pfeifer

15. Birthplace Unknown

16. Informant Emma Horn

Address Fullerton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 9 40 (month) (day) (year)

Cemetery or crematory St. Michaels Luth.

Location Balto. Co. Md.

18. Funeral director F. Lassahn & Son

Address 4401 Belair Rd.

19. 2/8 (Date rec'd by registrar) 1940 Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 6th 1940, at 5.50 A.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___~~

Immediate cause of death Coronary thrombosis died suddenly in his home, often complained of pains in his chest.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O. Mose Dept M Ex M. D. or other

Address Pikesville Md Date signed 1-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 1 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-C)

CERTIFICATE OF DEATH

01580

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 months, 6 days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: -

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1207 Dellwood Boulevard
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Benjamin Jackson

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Mrs. Oressa Jackson

6 (c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): July 2, 1870

8. AGE: Years	Months	Days	If less than one day
69	7	21	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: carpenter

11. Industry or business: general work

FATHER
12. Name: Andrew Jackson
13. Birthplace: Maryland

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Hospital records

Address:

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Feb. 26, 1940 (month) (day) (year)

Cemetery or crematory: Mt Zion

Location: Freelands Md.

18. Funeral director: Chenoweth & Donovan

Address: 3415 Chestnut Ave.

19. 2-23 1940 (Date rec'd by registrar) [signature] Registrar

Security Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 23 1940, at 12*45 p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 17 1939, to Feb. 23 1940, and that I last saw him alive on Feb. 23 1940.

Immediate cause of death	DURATION
Cerebral thrombosis	5 days
Due to Generalized arteriosclerosis	indefinit
Due to	
Other conditions Psychosis with cerebral arteriosclerosis	18 mths.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert E. Gardner, M.D.
M. D. or other

Address: Spring Grove St. Hospital Catonsville, Md. Date signed: 2-23-40

MAR 1 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (163-F)

01581

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Essex Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Essex Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Essex Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ruth Jansen (Mrs George Melvin Jansen

3. (b) Social Security Number

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: George Melvin Jansen
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 21, 1916

8. AGE: Years 23 | Months 6 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: At Home
11. Industry or business

FATHER
12. Name: Thomas Glass
13. Birthplace: Not Known

MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known

16. Informant: George Melvin Jansen
Address: Essex Ave Essex Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof FEB 16-1940 (month) (day) (year)
Cemetery or crematory: Sacred Heart Cemetery
Location: German Hill Road

18. Funeral director: Clarence F Hoffmann
Address: 2723 E. Preston St.

19. 2-14-1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 12th 1940, at ? A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.~~

Immediate cause of death: Suicide by swallowing Lysol

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, ~~or homicide~~ Suicide Date of 2.12.1940
Where did injury occur? Essex (City or town), Balto. (County), Md. (State)
Injured at home, ~~farm, industry, public place~~ (where?) at home
Means of injury sue above Injured at work? home

23. SIGNATURE W. T. T. Nyse Dept M Ex M. D. or other
Address Pikesville Md Date signed 2.12.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 16 1940
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01582

1. PLACE OF DEATH

County Balto. Registration Dist. No. 42

Village or City English Consul No. 1 Daisy ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. Jenkins If U. S. Veteran, specify WAR

(a) Residence: No. 1 Daisy ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur N. Jenkins

6. DATE OF BIRTH (month, day, and year) Aug 29

7. AGE Years 52 Months 5 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. of Sewing Machine

10. Date deceased last worked at this occupation (month and year) Feb. 9/40

11. Total time (years) spent in this occupation 16 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John N. Hook

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Josephine Landers

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT (Address) Mrs. Dolores Seitz 1 Daisy ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date Feb. 12, 1940

19. UNDERTAKER (Address) Margaret G. Flynn 1422 Light St.

20. FILED Feb. 11, 1940 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1938, 19, to Feb 9, 1940

I last saw her alive on Feb 9, 1940; death is said to have occurred on the date stated above, at 1100 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Apoplexy	Feb 9/40 1½ hrs.

Other Contributory Causes of Importance:

Hypertension	1 yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond O. Glaum M. D.

(Address) 2708 Hollins Ferry Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01583

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (73-d)

County Balto Registration Dist. No. 38

Village or City Towson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Jenkins If U. S. Veteran, specify WAR

(a) Residence: No. 347 Hillen Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Jenkins

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years about 73 or 75 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reisterstown Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Cassie Franklin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William Miller (Address) 1824 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Date 2-18th, 1940

19. UNDERTAKER Byron & Mamie W. Wright (Address) 218 McElderry St Balto Md

20. FILED 2/17, 1940 [illegible] Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 14, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from June 1939, to Feb. 13, 1940

I last saw her alive on Feb 13, 1940; death is said to have occurred on the date stated above, at 6 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio Vascular Disease — Date of onset June 1939

Other Contributory Causes of importance:

Hypertly Heart. Varicose ulcers. arteriosclerosis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis A. Johnson M. D.

(Address) 2329 Greenford

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 1 1930 BUREAU OF V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

01584

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: near Mt. Washington (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 60

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Mt. Washington Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Smith Ave. & Pimlico Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Fannie Dexter Jennings

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: William Jennings

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 4. 1851

8. AGE: Years	Months	Days	If less than one day
88	8	28	hrs. min.

9. Birthplace: England (Town, county, and state)

10. Usual occupation: retired

11. Industry or business

FATHER — 12. Name: John Dexter; 13. Birthplace: England

MOTHER — 14. Maiden name: Mary Lamb; 15. Birthplace: England

16. Informant: William Jennings

Address: Smith Ave & Pomlico Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby 3. 1940 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville Balto. Co.

18. Funeral director: John Ottenfeld & Sons Inc.

Address: 1900 Eutaw Place, Balto. Md.

19. Feby 3 19 40 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby 1. 1940 19 , at 2 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1940 to Feb. 1 1940, and that I last saw her alive on Jan. 31 1940.

	DURATION
Immediate cause of death: Uraemia	10 days.
Due to: Arterio-sclerotic cardio-vascular-renal disease	2 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Dt autopsy:

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George H. Yeager. M.D. M. D. or other

Address: Medical Arts. Bldg. Date signed: 2/2/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

01585

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
County: Baltimore
City or town: Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rosewood State Training School
Stay in hospital or inst. (yrs., or mos., or days): 13 yrs 4 mos 29 da
Stay in this community (yrs., or mos., or days): 13 yrs 4 mos 29 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Kennedyville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Wilson Carroll Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Single

B (b) Name of husband or wife: None

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 24, 1916

8. AGE: Years	Months	Days	If less than one day
23	4	0	hrs. min.

9. Birthplace: Kennedyville, Kent Co., Md.
(Town, county, and state)
10. Usual occupation: Inmate; Rosewood State
11. Industry or business: Training School; Owings Mills Md

FATHER
12. Name: Frank Jones
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mamie Carroll
15. Birthplace: Maryland

16. Informant: Institutional Records; Rosewood
Address: State Training School; Owings Mills Md

17. Burial — Date thereof 2/26/40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Union Cemetery
Location: Mary Washington
18. Funeral director: B.R. Fallows
Address: Still Pond, Md.
19. Feb. 29 19 — J. Russell Griffith Reg.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 24 1940, at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 14 1940 to Feb 24 1940, and that I last saw him alive on Feb 24 1940.

Immediate cause of death	DURATION
Broncho-Pneumonia	3 days
Due to: Acute Bronchitis	10 days
Due to:	
Other conditions: Epatic Hyplgia Ileid	Congen

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: George C. Mebairy M.D
M. D. or other
Address: Owings Mills, Md. Date signed: 2/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

01586

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town Hebville Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Hebville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Joseph Joris

Ans. 213-05-0157

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1880

8. AGE:

Years	Months	Days	If less than one day
59	11	0	hrs. min.

9. Birthplace Washington D.C.

(Town, county, and state)

10. Usual occupation Retired Western Union

11. Industry or business Telegraph Operator

FATHER 12. Name Peter J. Joris

13. Birthplace Md

MOTHER 14. Maiden name Mary Sally

15. Birthplace Md.

16. Informant Herbert Joris

Address Hebville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-27-40 (month) (day) (year)

Cemetery or crematory Mt Olivet Annex

Location Randallstown Md.

18. Funeral director Harry Meer

Address Lyndenville Md

19. Feb 27 1940 (Date rec'd by registrar) J J Mullin Reg Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25th 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20th 1940, to Feb 25th 1940, and that I last saw him alive on Feb 24th 1940.

Immediate cause of death	DURATION
Broken compensation and generalized edema	
Due to Chronic Valvular Heart Disease	
Due to Arteriosclerosis & hypertension	
Other conditions Rheumatoid arthritis	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M. D. or other

Address Randallstown Md Date signed 2/27/40

RECEIVED
APR 3 1940
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(1318)

Registered No. 38

01587

1. PLACE OF DEATH: Baltimore Co.

(a) Baltimore City, Maryland

(b) Street address 812 Register Ave

(c) Hospital or institution: Armacost Nursing Home Boarding

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 4-6 weeks

(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)

(d) Street No. 2104 Gibbons Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carroll J. Kearney

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1892

8. AGE: Years 48 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Chemical

FATHER

12. Name Patrick Kearney

13. Birthplace Ireland

MOTHER

14. Maiden Name Henrietta Siebert

15. Birthplace Maryland.

16 (a) Informant Miss Mayal Buckner

(b) Address 1936 W Baltimore St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-2-40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Edmondson Ave

18 (a) Funeral director Elizabeth Hagle Inc

(b) Address 115 E West Mt Washington Ave Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Feb 29 1940, and that I last saw him alive on Feb 29 1940.

Immediate cause of death Arteriosclerosis with Chro. Interstitial Neph.

Due to Uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

5 mo

5 mo

Oct 1939

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James F Kearney M. D.

Address 3328 W Elderry St Date signed 3/1/40

VS 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

For authorization to make corrections, and for street address see letter from Dr. Kavanaugh dated March 9, 1940. AS

MAR 2 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92b)

CERTIFICATE OF DEATH

01588

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Balto Co.

City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 114 Greenbrier Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 114 Greenbrier Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Florence Estelle Keys

3. (b) Social Security Number

4. Sex: F.

5. Color or race: W.

6. (a) Single, ~~married, widowed~~, or ~~divorced~~: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 19-1869

8. AGE: Years 70 | Months 5 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace: Balto Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Hanson H. Keys
13. Birthplace: Md.

MOTHER
14. Maiden name: Elizabeth A. Williams
15. Birthplace: Md.

16. Informant: Mrs Harry A. Field
Address: 707 E 41st St.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Feb 15th 1940
(month) (day) (year)

Cemetery or crematory: Greenmount

Location: Balto Md.

18. Funeral director: Vertiamb Ave

Address: 2224 N Charles St.

19. Feb. 13 1940 W. Carroll Van Horn
(Date rec'd by registrar) Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 13 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 24 1938, to February 13 1940, and that I last saw her alive on February 12 1940.

	DURATION
Immediate cause of death: mitral insufficiency & cardiac decompensation	2 wks.
(2) Due to deformities of old adolescent Pott's disease	50 years
(1) Due to Probably rheumatic fever	60 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none.

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

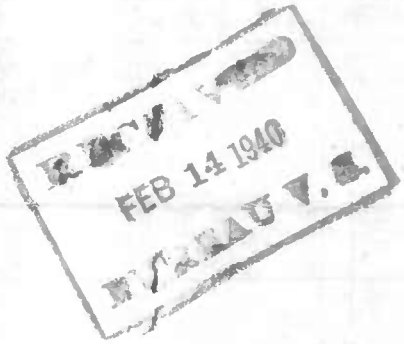
23. SIGNATURE: Frank R. Smith, Jr. M.D.
M. D. or other

Address: 1014 St Paul St., Baltimore Date signed: 2/13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


FEB 14 1940

STATE OF MARYLAND—CERTIFICATE OF DEATH

01589

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 32

Village or City Pikesville — No. Essek Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. -- mos. -- ds. How long in U. S. if of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Fannie King, — If U. S. Veteran, specify WAR

(a) Residence: No. 3331 Mondawin Ave. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William King.

6. DATE OF BIRTH (month, day, and year) December 14.1838

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	101	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London (State or country) England

FATHER

13. NAME John Burrell,

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mrs Grace D. Childs, (Address) 3331 Mondawin Ave

18. BURIAL, CREMATION, OR REMOVAL [illegible] Md. Place London Park Date 2-19-40, 19

19. UNDERTAKER See W. Little (Address) 2700 Edmondson Ave.

20. FILED 2/17, 1940 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH FEB 17 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended dacaased from Feb 10 1940, to Feb 17, 1940

I last saw h[illegible] alive on Feb 17, 1940; daath is said to have occurred on tha data stated abova, at 1:30 A m.

Tha **PRINCIPAL CAUSE OF DEATH** and relatad causas of importance were as follows:

	Date of onset
Bronchopneumonia	2/15/40
Myocarditis, Chronic	
Arteriosclerosis, Generalized	

Other **Contributory Causes** of importance:

Neme of operetion — Dete of

What tast confirmad diagnosis? — Was thara an autopsy? No

23. If death was due to externat causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? — Date of injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dennis M. Lupo M. D.

(Address) 3526 Edmondson Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

FEB 28 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

01590

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Halethorpe Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 107 Oregon ave

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Baltimore

City or town Halethorpe Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 107 Oregon Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Barbara Urban Kral

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Emil J. Kral

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Jan 13 - 1888

8. AGE: Years	Months	Days	If less than one day
52	0	30	hrs. min.

9. Birthplace Baltimore City, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James Urban

13. Birthplace Austria Hungary

MOTHER 14. Maiden name Theresa Stokalp

15. Birthplace Austria Hungary

16. Informant Emil J. Kral

Address 107 Oregon ave, Halethorpe Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 15 1940 (month) (day) (year)

Cemetery or crematory Oak Hill

Location Baltimore Co. Md

18. Funeral director William J. Tuckner & Son

Address North & Penna Aves.

19. Feb 13 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to Feb 12 1940, and that I last saw her alive on Feb 12 1940.

	DURATION
Immediate cause of death Apoplexy	4 days
Due to Arterial Hypertension	9 yrs
Due to Broncho Pneumonia	3 days
Other conditions Left Hemiplegia	Dec 13, '39

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE B B Brumbaugh M. D. or other

Address Elkridge Md Date signed 2/13/40

RECEIVED
FEB 17 1940
BUREAU V. R.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 44

01591

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore.

(b) City or town Dundalk. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 227 Detroit Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore.

(c) City or town Dundalk. (If outside city or town limits, write RURAL and give town)

(d) Street No. 227 Detroit Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Infant LACEY.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 24. 1940

8. AGE: Years | Months | Days | If less than one day

still born. hr. min.

9. Birthplace Dundalk. Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Michael Lacey.

13. Birthplace Sparrows Point. Md.

MOTHER

14. Maiden Name Mary D'Ambrosio.

15. Birthplace Dundalk. Md.

16 (a) Informant Mary. Lacey.

(b) Address Dundalk. Md

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2/25/40 (month) (day) (year)

(c) Cemetery or crematory Private.

Location

18 (a) Funeral director None.

(b) Address

19 (a) Feb 25-40 (Date rec'd by registrar) (b) Dawson T. Harber Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 24 1940 at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19__, to __ 19__, and that I last saw him alive on dead Feb. 24 1940.

Immediate cause of death Premature birth.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Collin. Md. M. D. or other

Address Sparrows Pt. Md Date signed 2/24/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

01592

Reg. Dist. No. 13

1. PLACE OF DEATH

County: Baltimore

City or town: Rural near Freeland, (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Rural near Freeland (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Freeland, Md. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lettie Amelia La Motte

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Ulysses Jacob La Motte

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 23, 1870.

8. AGE: Years: 69 Months: 1 Days: 17 If less than one day: hrs. min.

9. Birthplace: Glen Rock, Pa. (Town, county, and state)

10. Usual occupation: Housekeeper.

11. Industry or business:

FATHER 12. Name: James Heathcote

FATHER 13. Birthplace: Glen Rock, Pa.

MOTHER 14. Maiden name: Christiana Bamm

MOTHER 15. Birthplace: Penna.

16. Informant: Erwin La Motte

Address: New Freedom, Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof: February 16, 1940 (month) (day) (year)

Cemetery or crematory: New Freedom

Location: New Freedom, Pa.

18. Funeral director: Jacob Hartenstein

Address: New Freedom, Pa.

19. Feb 15 1940 (Date rec'd by registrar) Samuel B. Mann Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 13, 1940, at 9:50 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1. 1940, to Feb. 13 1940, and that I last saw h- alive on Feb. 13 1940.

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions: Chronic nephritis Hypertension (Include pregnancy within 3 months of death)	

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. M. France M. D. or other

Address: Parkton, Md. Date signed: 2/14/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01593

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore county

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Haarlem Lodge

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Seven Oaks
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert Sepper

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Augusta

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) June 30 1861

8. AGE:

Years	Months	Days	If less than one day
78	7	18	hrs. min.

9. Birthplace Phila Pelphia Pa.
(Town, county, and state)

10. Usual occupation Retired merchant

11. Industry or business

FATHER
12. Name Louis Sepper
13. Birthplace Germany

MOTHER
14. Maiden name not known
15. Birthplace Germany

16. Informant Mrs Augusta Sepper

Address Silver Springs Md.

17. Burial, cremation, or removal. Which? Burial Date thereof 2/17/1940 (month) (day) (year)

Cemetery or crematory Silver Spring Md

Location

18. Funeral director Warner E. Pumphrey

Address 8424 - Ga ave Silver Spring Md

19. (Date rec'd by registrar) 2/17/1940 Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1940, at 5:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 12 1940 to February 17 1940 and that I last saw him alive on February 17 1940

Immediate cause of death Bronchopneumonia — DURATION

Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. F. A. Ries, Dr. M. Mafenstey
M. D. or other

Address Haarlem Lodge Catonsville Md. Date signed Feb. 17/1940

RECEIVED
MAR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01594

1. PLACE OF DEATH (93-2)

County Balto County Registration Dist. No. 43

Village or City Overlea No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Pauline Lohmann If U. S. Veteran, specify WAR

(a) Residence: No. 6913 Beech Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Lohmann

6. DATE OF BIRTH (month, day, and year): April 12th 1856

7. AGE: Years 83 | Months 10 | Days 10 | If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT Mrs. Barth (Address) 6913 Beech Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Feb 24, 1940

19. UNDERTAKER F. Lassahn & Son (Address) 7401 Belair Rd.

20. FILED 2/23, 1940 Mrs. G. A. Fritz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 22nd (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1940 to Feb. 22, 1940

I last saw her alive on Feb 21, 1940; death is said to have occurred on the date stated above, at 1 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coma	4 day
Myocardial Singles	10 days
Arterial Sclerosis	2 yrs

Other Contributory Causes of Importance: age

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ord L. Immerman M.D.

(Address) 2468 Harford Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 1 1949

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

01595

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town White Hall, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Thomas Winfield Lyttle

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Annie M. Lyttle

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) May 10, 1865

8. AGE:

Years	Months	Days	If less than one day
74	9	19	hrs. min.

9. Birthplace Baltimore Co
(Town, county, and state)

10. Usual occupation Cattle Dealer

11. Industry or business

FATHER
12. Name Thomas Lyttle
13. Birthplace Baltimore Co. Md

MOTHER
14. Maiden name Eleanor H. Treadaway
15. Birthplace Baltimore Co. Md

16. Informant T. Herbert Lyttle
Address White Hall. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 2-1940 (month) (day) (year)
Cemetery or crematory Wiseburn
Location White Hall. Md

18. Funeral director P. Mackenzie Sons
Address White Hall. Md

19. Feb. 29 1940 W. Bortner M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28 1939, to Feb. 29 1940, and that I last saw him alive on Feb 28 1940.

Immediate cause of death	DURATION
Arteriosclerosis	
Chronic myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Milton Bortner M.D.
M. D. or other
Address White Hall Date signed Feb. 29, 40

RECEIVED
MAR 5 1940
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (518) Reg. Dist. No. 43

CERTIFICATE OF DEATH

01596

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Rossville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Ridge Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 71 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rossville - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Ridge Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Charles Ross Mace

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Susan Newbold Mace

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept 17 1868

8. AGE: Years 71 | Months 5 | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Rossville Md. (Town, county, and atate)

10. Usual occupation Lawyer

11. Industry or business

FATHER 12. Name William H. Macey

FATHER 13. Birthplace Rossville Md.

MOTHER 14. Maiden Name Henrietta Johnson

MOTHER 15. Birthplace Md.

16 (a) Informant Otis E. Mace - son

(b) Address Rossville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md.

18 (a) Funeral director John Mitchell Sons

(b) Address 1906 Eutaw Place

19 (a) 2/19/40 (Date rec'd by registrar) (b) Mrs. S. A. Fritz, Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 17 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939, to Feb. 17, 1940, and that I last saw him alive on Feb. 17 1940.

Immediate cause of death	Duration ?
a Carcinoma prostate	3 yrs ?
c Metastasis to liver	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard S. Owens M.D. (M. D. or other)

Address Ralpeburg Md Date signed Feb 17, 1940

RECEIVED
MAR 1 1940
BUREAU V. S.

HA. 0551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STILL BIRTH No. 8

Registered No. 01597

1. PLACE OF DEATH: 8206 Elizabeth ave.

(a) Baltimore City, Maryland

(b) Street address Baltimore

(c) Hospital or institution: Dorchester Heights

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3206 Elizabeth ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME 2½ mo Infant of Joseph and Bertha Marino

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17/40

8. AGE: Years | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Joseph Marino

13. Birthplace Md.

MOTHER

14. Maiden Name Bertha Meyers.

15. Birthplace Md.

16 (a) Informant Bertha Marino

(b) Address Baltimore Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) FEB 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JOHNS HOPKINS MEDICAL SCHOOL FEB 20 1940

Commissioner of Health

Per H. A. Moore

5408

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1940, at — M

21. I certify that death occurred on the date above stated; that I attended deceased from Stillborn 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

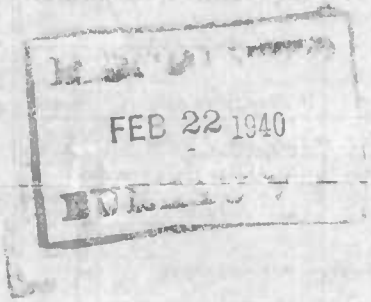
23. Signature R O Glaser M. D.

Address 2708 Hallins Ferry Rd Date signed Feb 19/40

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.


FEB 22 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

01598

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore Co.
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Opetz Home
Stay in hospital or Inst. (yrs., or mos., or days): 2 yrs
Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: John Rymer Marshall

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of ~~husband~~ or wife: Martha Susan

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 25, 1849

8. AGE:

Years	Months	Days	If less than one day
90	4	12	hrs. min.

9. Birthplace: Adams Co. Penna. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Thomas Marshall
13. Birthplace: Adams Co. Penna.

MOTHER
14. Maiden name: Jane A. Rymer
15. Birthplace: Franklin Co. Pa.

16. Informant: James B. Marshall
Address: 6306 Liberty Rd, Woodlawn, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 10, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Union Cemetery
Location: near Fairfield, Pa.

19. Funeral director: W. L. Allison
Address: Fairfield, Pa.

19. 2/9 (Date rec'd by registrar) 1940 H. L. Gudmen Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 7th 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1939, to Feb 7 1940, and that I last saw h~~im~~ alive on Feb 7 1940.

	DURATION
Immediate cause of death: Chr. Myocarditis	1 yr
Due to: Arterio Sclerosis	10 yrs
Due to:	
Other conditions: Acute Pneumonia	6 mon

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James E Howell M. D. or other
Address: Catonsville Date signed 2-7-40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

01599

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 1 yr., 2 mos., 30 days

Stay in this community (yrs., or mos., or days) 1 yr., 2 mos., 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1716 N. Fulton Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Howard Martin

3. (b) Social Security Number: 219-01-9161

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. Sally Martin

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): July 16, 1877

8. AGE:

Years	Months	Days	If less than one day
62	6	21	____ hrs. ____ min.

9. Birthplace: Carroll County, Maryland
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Unknown

FATHER
12. Name: William Martin
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Margaret Longe
15. Birthplace: Pennsylvania

16. Informant: J. Frank Spalding

Address: Mt. Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Febr. 9, 1940 (month) (day) (year)

Cemetery or crematory: Druid Ridge Cemetery

Location: Baltimore County, Maryland

18. Funeral director: Wm. J. Tickner & Sons

Address: North & Penna. Aves., Baltimore, Md.

19. Febr. 6, 1940 (Date rec'd by registrar)

J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 6, 1940, at 9:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 7, 1938 to Febr. 6, 1940, and that I last saw him alive on February 6, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	30 yrs.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Chronic Rheumatoid Arthritis (Include pregnancy within 3 months of death)	Unknown

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D.
M. D. or other

Address: Mt. Wilson, Md. Date signed: 2/6/40

FEB 9 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01600

1. PLACE OF DEATH (93d)

County Baltimore County Registration Dist. No. 38

Village or City Towson Md. No. 105 E. Joppa Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME May Cummins McCarthy If U. S. Veteran, specify WAR no

(a) Residence: No. 105 E. Joppa Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Charles C. McCarthy

6. DATE OF BIRTH (month, day, and year) June 14, 1878

7. AGE: Years 61 | Months 8 | Days 4 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph G. Cummins

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Nugent

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Margaret M. Burns (Address) 105 E. Joppa Road Towson

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemetery Date Feb. 21, 1940

19. UNDERTAKER Elmer W. Conklin & Son (Address) 924 E. Eager St.

20. FILED 7/20, 1940 W. Carroll Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 18th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to 2/18, 1940

I last saw her alive on 2/18, 1940; death is said to have occurred on the date stated above, at 5:20 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic Cardio vascular disease	1938

Other **Contributory Causes** of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) C. H. Reer M. D.

(Address) 670 York Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01601

1. PLACE OF DEATH 59 (46-R)

County Baltimore Registration Dist. No. 44

Village or City No. 802 N. Point Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sarah J. Mc Laughlin

(a) Residence: No. 802 North Point Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: the late William Mc Laughlin

6. DATE OF BIRTH (month, day, end year): Nov. 6 1867

7. AGE: Years 72 | Months 3 | Days 25 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore County

FATHER

13. NAME: John Chester

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Luise Kurtz

16. BIRTHPLACE (city or town) (State or country): Baltimore County

17. INFORMANT (Address): John J. Mc Laughlin (Son) 802 North Point Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: March 2, 1940

19. UNDERTAKER (Address): Frank Wells Moore 52 N. Morley St.

20. FILED: Mch. 1, 1940 John G. Connelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 28 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1940, to Feb 28, 1940

I last saw her alive on Feb 28, 1940; death is said to have occurred on the date stated above, at 7 25 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Descending Colon	Sept 1939

Other Contributory Causes of Importance: None

Name of operation: None Date of

What test confirmed diagnosis? Lab & Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: Ed Schumacher Jr. Mrs

(Signed) 842 S East Ave M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

M

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants and wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
APR 6 1949
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

41602

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto.

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Opitz Home

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto

City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary Gray Merryman

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Oliver P. Merryman

6(c) If alive, give age yeers

7. Birth date of deceased (mo., day, yr.) Oct. II, I857

8. AGE: Years	Months	Days	If less than one day
82	4	I2	hrs. min.

9. Birthplace Balto. City
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name John Joseph Merryman

13. Birthplace Balto. City

MOTHER 14. Maiden name Mary Ann Ely

15. Birthplace Conn.

16. Informant David Gray

Address Reisterstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 24, I940 (month) (day) (year)

Cemetery or crematory Druid Ridge

Location Balto. Co.

18. Funeral director J.F. Eline & Sons

Address Reisterstown, Md.

19. 2/23 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23- 40, at 2P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 39, to Feb 23 19 40, and that I last saw h alive on Feb 23 19 40.

	DURATION
Immediate cause of death Chr. Myocard Dis -	1 yr
Due to Generalized Arterio - Sclerosis	10 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Catonsville Date signed 2/23/40

RECEIVED
MAR 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01603

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 months, 6 days

Stay in this community (yrs., or mos., or days): 3 months, 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: [illegible]

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2127 West Ridgehill Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dennis B. Meskill

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Margaret Seiss?

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 9, 1862

8. AGE:

Years	Months	Days	If less than one day
77	11	11	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Section hand

11. Industry or business: Railroad

FATHER
12. Name: Patrick Meskill
13. Birthplace: Ireland

MOTHER
14. Maiden name: Rachel Seiss
15. Birthplace: Maryland

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/23/40 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Baltimore City

18. Funeral director: F. B. Wippert & Son

Address: 1300 Eutaw Place

19. 2/22 (Date rec'd by registrar) 1940 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 20, 1940, at 6:55 a.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 14, 1939, to February 20, 1940, and that I last saw him alive on February 20, 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage, right side	1 day
Due to	
General arteriosclerosis	Indefinite
Due to	
Other conditions	
Senile psychosis	Indefinite

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? None (City or town) (County) (State)

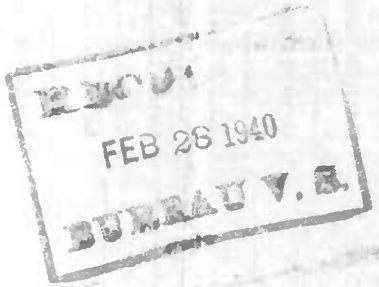
Injured at home, farm, industry, public place (where?): No

Means of injury Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.
M. D. or other

Address: Spring Grove Hospital Date signed: 2/20/40

Father Reefe



VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

01604

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Chesaco Park Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto Co.
City or town Chesaco Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Phala. Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Wm Miller

3. (b) Social Security Number 212-01-9238

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cora May Miller
6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug 17-1892

8. AGE: Years 47 Months 6 Days 6 If less than one day ___ hrs. ___ min.

9. Birthplace Painters Pa.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Easter Rolling Mill

FATHER
12. Name Jacob Miller
13. Birthplace Pa.

MOTHER
14. Maiden name Mary Unknown
15. Birthplace Unknown

16. Informant Cora May Miller
Address Phala. Ave. Chesaco Park. Balto Co.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof Feb. 26-1940 (month) (day) (year)
Cemetery or crematory Balto. National
Location Catonville

18. Funeral director William Cook
Address 1217 St Paul St

19. 2-23 1940 John G. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 22 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that ~~I attended deceased~~ from ___ 19___, to ___ 19___, and ~~that I last saw h~~ alive on ___ 19___.

Immediate cause of death Coronary thrombosis dried suddenly.
Due to without having any Dr.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W P E Myer Dept M Rex
M. D. or other
Address Pistesville Md Date signed 2-23-40

FEB 28 1940
BUREAU V. S.

01605

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:

County Balto.

City or town near Monkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto.

City or town near Monkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Olivia Nelson

3. (b) Social Security Number none

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Wm H Nelson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 1848

8. AGE: Years 91 Months 3 Days 11 If less than one day hrs. min.

9. Birthplace Taylor Harford Co Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Nicholas Hutchens

13. Birthplace Harford Co Md.

MOTHER 14. Maiden name Martha Nelson

15. Birthplace Taylor Harford Co Md

16. Informant Nicholas Hofke

Address 19 N Penna Ave Towson.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 10 - 40 (month) (day) (year)

Cemetery or crematory Bethel Cemetary

Location Madonna Harford Co Md.

18. Funeral director E E Kurtz Hon

Address Jarrettsville Md

19. Feb. 10 1940 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8, 1940, at 4:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 16, 1937, to 2/8 1940, and that I last saw her alive on 2/8/ 1940.

Immediate cause of death Myocardial Degenerates (Chronic) Arterio-Sclerosis

DURATION 3 yrs 10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. C. Ayres M. D. or other

Address White Hall, Md Date signed 2/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

01606
44
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Raspeburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1202 62nd St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Raspeburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1202 62nd St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Neuman

3. (b) Social Security Number

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb. 16, 1940
8. AGE: Years | Months | Days | If less than one day hrs. min.
9. Birthplace: Balto County Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Frederick C. Neuman
13. Birthplace: Balto Md.
MOTHER 14. Maiden name: Emma Kay Geare
15. Birthplace: Balto. Md.
16. Informant: Mr. Fred. C. Neuman
Address 1202 62nd Ste.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-17-40 (month) (day) (year)
Cemetery or crematory: Texas Glen Manor
Location: Texas, Md.
18. Funeral director: John J. Connelly
Address: Essex Md.
19. 2-17-40 (Date rec'd by registrar) John J. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1940, at 8 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 16 1940 to Feb. 16 1940, and that I last saw her alive on Feb. 16 1940.

	DURATION
Immediate cause of death: Stillborn Infant	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. White M. D.
M. D. or other
Address 761 Eastern Ave Balto Md Date signed Feb 18/1940

RECEIVED
APR 8 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

01607

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William Donaldson Nicoll

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Isabelle Foster

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1877

8. AGE: Years 62 Months 3 Days 22 If less than one day ___ hrs. ___ min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation Special Clerk

11. Industry or business U. S. Post office

FATHER
12. Name Wm. J. Nicoll
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden name Annie Bartholdt
15. Birthplace Baltimore, Md.

16. Informant Mrs. W. D. Nicoll,
Address 16 Maryland Ave.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof ~~March~~ Feb 10 1940
(month) (day) (year)

Cemetery or crematory Baptist Church Cemetery

Location Hereford, Balto. Co., Md.

18. Funeral director Landon M. Brooks

Address Sparks, Md.

19. 2/9 1940 W. Gerald Vaughan
(Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8 1940, at 12 Mid

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1937, to 2/8 1940, and that I last saw him alive on 2/8 1940.

Immediate cause of death
Arterio-sclerotic
Cardio-Vascular disease

DURATION
4 Years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Reier
M. D. ~~or other~~

Address 6701 York Rd Date signed 2/9/40

RECEIVED
MAR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

01608

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Arbutus
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Arbutus Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Linden Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert A. Parr, Sr.,

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Susie Anna Parr

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 2, 1861

8. AGE:

Years	Months	Days	If less than one day
79	1	8	____ hrs. ____ min.

9. Birthplace: Jersey City, N. J.
(Town, county, and state)

10. Usual occupation: Retired Painter

11. Industry or business: Railroad

FATHER
12. Name: Robert Parr
13. Birthplace: Unknown

MOTHER
14. Maiden name: Rebecca Walker,
15. Birthplace: Baltimore, Md.

16. Informant: Mr. Edgar A. Parr

Address: Linden Avenue, Arbutus, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/13/40 (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: Baltimore, Md.

18. Funeral director: Wm. J. Tickner & Sons,

Address: North & Penna. Avenues.

19. Feby 12 1940 (Date rec'd by registrar) G. Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10, 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1938, to Feb 10 1940 and that I last saw him alive on Feb 10 1940.

Immediate cause of death	DURATION
Chronic Endocarditis	2 yr
Due to Arteriosclerosis	2 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Willard S. Parson M.D.
M. D. or other

Address: Halethorpe Md Date signed 2/12/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 22 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 178-C

01609

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Sparrows Point Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Sparrow Point Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6802 Dunbar Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rudolph Vincent Pesko

3. (b) Social Security Number 126-07-1375

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 8-1918

8. AGE: Years 21 | Months 2 | Days 28 | If less than one day hrs. min.

9. Birthplace Warsaw Wis. (Town, county, and state)
10. Usual occupation Blast Furnaces
11. Industry or business Beth Steel Corp.

FATHER
12. Name Frank Pesko
13. Birthplace Austria

MOTHER
14. Maiden name Vetalia Pasek
15. Birthplace Austria

16. Informant Mrs. Veronica McClure
Address 6802 Dunbar Rd. Dundalk Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-7-40 (month) (day) (year)
Cemetery or crematory Hamilton New York
Location Hamilton, New York

18. Funeral director John G. Connelly
Address Essex Md.

19. 2-7 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 6th 1940, at 6. P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~
~~and that I last saw h alive on 19~~

Immediate cause of death Accidental by asphyxiation, carbon mon oxid gas at Bethlehem
Due to Shoe Co works Sparrows Point Md
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Accident Date of 2-6-1940
Where did injury occur? Sparrows Point Balto Md (City or town) (County) (State)
Injured at ~~home, farm~~, industry, ~~public place~~ (where?) see above
Means of injury Asphyxiation Injured at work? yes

23. SIGNATURE W. T. O. Myse Dept M Ex M. D. or other
Address Sparrows Md Date signed 2-6-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(over)

The Sparrows Point Hospital is for the employees of the Bethlehem Steel Co. only, and is located at the Beth. Steel Co. This information verified by telephone. as 2-6-41

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01610

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Eudowood Sanatorium
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Towson, Md.
Stay in hospital or inst. (yrs., or mos., or days): 5 mo 11 day
Stay in this community (yrs., or mos., or days): Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: —
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3606 Fort Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: John Polkowski

3. (b) Social Security Number: Ross. N.No. 339-05-8647

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower.
6 (b) Name of husband or wife: Julia Polkowski
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): October 1, 1885 September 21, 1881

8. AGE: Years 58 Months 4 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace: Poland.
(Town, county, and state)
10. Usual occupation: Laborer.
11. Industry or business: City of Baltimore.
FATHER
12. Name: Pete Polkowski
13. Birthplace: Poland
MOTHER
14. Maiden name: Josephine ?
15. Birthplace: Poland.
18. Informant: Hospital Reocrds,
Address: Eudowood Sanatorium, Towson, Md.
17. Buried Feb. 12-1940 Date thereof ___ (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory: Sacred heart of Mary.
Location: Balto Co Md.
18. Funeral director: James J Bruczinski
Address: 3110 Ellicott St. Balto Md
19. 2/11 1940 A. M. Bacon
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 8 1940, at 8:15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 28 1939 to Feb 8 1940, and that I last saw him alive on Feb 8 1940.

Immediate cause of death: Pulmonary Tuberculosis. — DURATION: 1933
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? ___ (City or town) ___ (County) ___ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

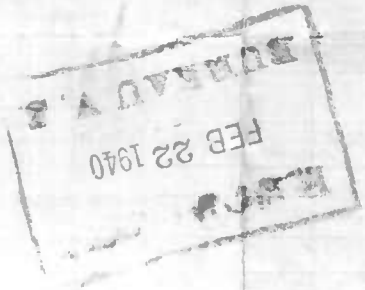
23. SIGNATURE: W A Bridges
M. D. or other
Address: Towson, Maryland. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUTHORIZATION for change of birthdate and age: Letters filed March 4, 1940 under DR. BRIDGES. - L.



STATE OF MARYLAND—CERTIFICATE OF DEATH

01611

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (83-a)

County Baltimore Registration Dist. No. 40

Village or City Baltimore Notch Cliff No. Villa Maria St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sister Mary Pambo Pouthier

(a) Residence: No. Villa Maria, Notch Cliff St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
80	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicktawanga (State or country) N. Y.

FATHER

13. NAME Stephen

14. BIRTHPLACE (city or town) Lorraine (State or country)

MOTHER

15. MAIDEN NAME Mary Ann Weibel

16. BIRTHPLACE (city or town) Alsace Lorraine (State or country)

17. INFORMANT Sr. M. Peter Fourier (Address) Notch Cliff, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Cem. Date Feby. 14th, 19 40

19. UNDERTAKER Geo. M. Fink & Son (Address) 811 N. Wolfe St.

20. FILED 2/13/40, 19 W. M. Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1938, to February, 1940

I last saw her alive on Feb. 7, 1940; death is said to have occurred on the date stated above, at 10:30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other **Contributory Causes** of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way relatad to occupation of deceased? ____

If so, specify ____

(Signed) [illegible] M. D.

(Address) ____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 3 1928 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01612

(93-1)

1. PLACE OF DEATH

County BALTIMORE Registration Dist. No. 42

Village or City LANSDOWNE No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME LOUISA RAUCH

(a) Residence: No. CHARLESTOWN AVE St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of HARRY RAUCH

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWIFE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. HOME

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME MICHEL BOND

14. BIRTHPLACE (city or town) (State or country) SAGEN WEIMOR GERMANY

MOTHER

15. MAIDEN NAME ELIZABETH — ?

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT HARRY HALBIG

(Address) CHARLESTOWN AVE LANSDOWNE

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 22, 1940

19. UNDERTAKER Joseph Kasmakes Inc

(Address) 602 Washington Blvd

20. FILED Feb 20, 1940 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH FEBRUARY (Month) 20 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 6, 1940, to FEBRUARY 20, 1940

I last saw her alive on FEBRUARY 19, 1940; death is said to have occurred on the date stated above, at 7:10 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE	1938
	1

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Edward J. Mclean M. D.

(Address) 682 WASHINGTON BLVD

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

FEB 23 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01613

1. PLACE OF DEATH (83-a)

County Baltimore Co. Md. Registration Dist. No. 42

Village or City Halethorpe No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Peter Reity

(a) Residence: No. Halethorpe, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 13, 1875

7. AGE Years 64 Months 4 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wilhelm Reity

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Margaret Reity Halethorpe Md. P.O.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Lorraine Cem. Date Feb. 19, 1940

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St.

20. FILED July 16, 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938, to Feb 16, 1940

I last saw him alive on Feb 15, 1940; death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/15/40

Other Contributory Causes of importance:

Arterio Sclerosis General [illegible]

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 343 E Fredrick Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

01614

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Near Randallstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Near Randallstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Old County Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Reuben Rupp

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Margaret Rupp
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 17 1869

8. AGE: Years	Months	Days	If less than one day
70	5	8	hrs. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual occupation Real Estate Retired
11. Industry or business

FATHER
12. Name Reuben F Rupp
13. Birthplace Hanover Pa

MOTHER
14. Maiden name Amelia Phillips
15. Birthplace New Orleans

16. Informant Robert De Vries
Address Randallstown Md

17. Burial Date thereof Feb 28 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Family burying ground
Location On premises
16. Funeral director C Harry Ween
Address Sykesville md

19. Feb 26 1940 Wm E Martin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1940, at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1940, to Feb 25 1940, and that I last saw him alive on Feb 24 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M. D. or other
Address Randallstown Md Date signed Feb 26 1940

RECEIVED
MAR 4 1940
BUREAU V. S.

01615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134)

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:

County: Baltimore

City or town: Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mount Pleasant

Stay in hospital or inst. (yrs., or mos., or days): 7 mos. 18 days

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: –

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 15 N. Broadway
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edward Sachs

3. (b) Social Security Number: 219-01-2598

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Sophie Sachs

6(c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): November 22, 1900

8. AGE: Years: 39 Months: 3 Days: 2 If less than one day: hrs. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual occupation: Truck Driver

11. Industry or business

FATHER
12. Name: William Sachs
13. Birthplace: Poland

MOTHER
14. Maiden name: Rose Spiker
15. Birthplace: Poland

16. Informant: Deceased

Address: 15 N. Broadway

17. (Burial, cremation, or removal. Which?) Date thereof: Feb 20-40 (month) (day) (year)

Cemetery or crematory: Oheb Sholom

Location: Mt Carmel

18. Funeral director: Jack Lewis

Address: 1439 E Baltimore St

19. Feb. 19 1940 (Date rec'd by registrar) L. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 19 1940, at 10:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1939, to Feb 19 1940, and that I last saw him alive on Feb 19 1940.

Immediate cause of death	DURATION
Tuberculous meningitis	unknown
Due to	
Due to	
Other conditions: Chronic pulmonary Tuberculosis	unknown
Tuberculosis epidymitis	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Samuel Lipstein M.D.
M. D. or other

Address: Mt Pleasant, Reisterstown, Md Date signed: Feb 19, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d) Reg. Dist. No. 42

CERTIFICATE OF DEATH

01616

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Ridge Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 5 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Raspeburg - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Ridge Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** MARY E. SCHISLER

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John Schisler

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1866.

8. AGE: Years 73 | Months 3 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Getz
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Margaret Joseph
15. Birthplace Unknown

16 (a) Informant Mrs. Frank Klein,
(b) Address Ridge Road, Raspeburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road, Balto., Md.

18 (a) Funeral director F. Lanahurka
(b) Address 7401 Belair Road

19 (a) 2/20/40 (Date rec'd by registrar) (b) Mrs. G. A. Fuhr Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 19 19 40 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5, 1940, to Feb 19 1940, and that I last saw him alive on Feb 19, 1940.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Disease. Hypertension.	
Due to Myocardial degeneration	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard S. Owens M.D. (M. D. or other)
Address Raspeburg Date signed Feb 19, 1940

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 1 1940
BUREAU V. S.

01617

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-d

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: Larchmont
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2503 Poplar Drive

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Larchmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2503 Poplar Drive.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Carlton Schmidt

3. (b) Social Security Number: 215-05-5329

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sophie L. Schmidt

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 7, 1886

8. AGE: Years: 53 Months: 8 Days: 3 If less than one day: hrs. min.

9. Birthplace: Baltimore, Md
(Town, county, and state)

10. Usual occupation: District Purchasing Agent

11. Industry or business: Bethlehem Steel Co.

FATHER
12. Name: Rudolph Schmidt
13. Birthplace: Germany

MOTHER
14. Maiden name: Margaret Roth
15. Birthplace: Baltimore

16. Informant: Mrs. Sophie L. Schmidt
Address: 2503 Poplar Drive, Larchmont

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 14, 1940 (month) (day) (year)

Cemetery or crematory: Woodlawn

Location: Baltimore Co., Md.

18. Funeral director: Wm Hickner Sons

Address: North & Penna Aves

19. Feb 13 1940 (Date rec'd by registrar) J. J. Milton Piel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 10, 1940 19 , at 11 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1939 to Feb 10 1940, and that I last saw him alive on Feb 10 1940.

Immediate cause of death: Coronary thrombosis

Due to: Arteriosclerosis of coronary vessels

Due to:

Other conditions: Chronic Endocarditis
Cw. J.R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: L. J. Volunek M. D. or other

Address: 4710 Liberty Hts Date signed: 2/12/40

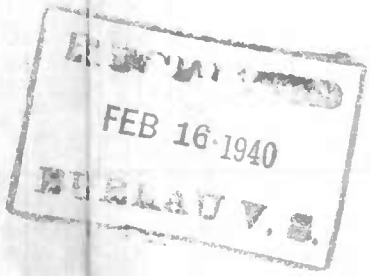
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. J. Lee Volenik

4710 Liberty Hts.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(92d)

01618

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr., 6 mos., 25 days

Stay in this community (yrs., or mos., or days): " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 113 North Chester Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: William Schwarzkopf

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth Henemann

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): September 1, 1863

8. AGE: Years: 76 Months: 6 Days: 13 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Furniture mover

11. Industry or business: Transfer Companies

FATHER
12. Name: George Schwarzkopf
13. Birthplace: Germany

MOTHER
14. Maiden name: Catherine Loesch
15. Birthplace: Germany

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 16/40 (month) (day) (year)

Cemetery or crematory: Cathedral

Location: Balto Md

18. Funeral director: Geo M Fink & Son

Address: 611 N Wolfe St Balto Md

19. 2/14 (Date rec'd by registrar) 19 40 [signature] Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 13, 1940, at 2:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1938, to February 13, 1940, and that I last saw him alive on February 13, 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage, left hemisphere	6 hours
Due to Chronic myocarditis and valvular heart disease before	1938
Due to General arteriosclerosis "	"
Other conditions Senile psychosis "	"

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no

Of autopsy: As given above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 2/13/40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

01619

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Grays.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution Frederick Road.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Frederick Road.
(If rural give LOCATION)
2(a) IF VETERAN NAME WAR None

3. (a) FULL NAME Maria Virginia Sellers.
3. (b) Social Security Number None.

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife William D. Sellers.
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) July 27, 1861
8. AGE: Years 78 Months 6 Days 15 If less than one day ____ hrs. ____ min.
9. Birthplace Philadelphia Penna (Town, county, and state)
10. Usual occupation Home
11. Industry or business House Work
FATHER 12. Name Francis Brockner
13. Birthplace Penna
MOTHER 14. Maiden name Katherine Harp.
15. Birthplace Penna.
16. Informant Mrs. F. E. Sellers
Address Ellicott City Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 14, 1940 (month) (day) (year)
Cemetery or crematory St Johns Cemetery
Location Ellicott City Md
18. Funeral director Easton Sons.
Address Ellicott City Md
19. 2/13 1940 (Date rec'd by registrar) [signature] Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1940, at 4 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1939, to Feb. 11 1940, and that I last saw her alive on 2-11 1940.
Immediate cause of death Cerebral Hemorrhage — DURATION instant
Due to Hypertensive Cardio-Vascular Disease — 3 years.
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE George E. Bingtorf M.D. or other
Address Ellicott City Date signed 2-12-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 29 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

01620

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Phoenix (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Phoenix Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Josephine Sheeler

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife: Howard Sheeler

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Aug 7, 1857

8. AGE: Years	Months	Days	If less than one day
82	6	5	hrs. min.

9. Birthplace: Phoenix Balto Co., Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Joseph Smith

FATHER 13. Birthplace: Not Known

MOTHER 14. Maiden name: Mary Ann Price

MOTHER 15. Birthplace: Balto Co., Md.

16. Informant: Joseph H. Sheeler

Address: Phoenix, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 15, 1940 (month) (day) (year)

Cemetery or crematory: Ashland Presbyterian

Location: Ashland

18. Funeral director: Landon M. Brooks

Address: Sparks Md.

19. Feb. 13-40 (Date rec'd by registrar) Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 15 1940, at 10:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1939 to Feb 12 1940 and that I last saw her alive on Feb 11 1940

Immediate cause of death	DURATION
Chronic Valvular Endocarditis	1 yr.
Due to Chronic Nephritis	2 yrs.
Due to Arteriosclerosis	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wilmer C. Ensor M. D. (M. D. or other)

Address: Cockeysville Md. Date signed Feb 13/40

RECEIVED
MAR 5 1940
BUREAU V. S.

01621

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(14)

CERTIFICATE OF DEATH

not BC

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town Edgate near Essex

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 52nd St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 52nd St. Nr. Eastern Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Jones Shenton

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26 - 1935

8. AGE: Years 4 | Months 2 | Days 2 | If less than one day hrs. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER: 12. Name John Shenton

13. Birthplace Dorchester Co. Md.

MOTHER: 14. Maiden name Anna Kolster

15. Birthplace Balto. Md.

16. Informant Anna Shenton

Address 52nd St. nr. Eastern Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 2/40 (month) (day) (year)

Cemetery or crematory Oak Lawn Cemetery

Location Eastern Ave.

18. Funeral director John A. Miller

Address 2334 Jefferson St.

19. 2-29- 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 28th 1940, at A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 to 19~~

~~and that I last saw h alive on 19~~

Immediate cause of death Tuberculous Cerebral Meningitis

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O. Nyse Dept. M. Ex. M. D. or other

Address Pycesville Md Date signed 2-28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MAR 13 1940
BUREAU V, D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01622

1. PLACE OF DEATH (8)

County Baltimore Registration Dist. No. 38

Village or City Near Towson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Smith if U.S. War

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 2-9-40

7. AGE 0 Years 0 Months 0 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Near Towson

FATHER

13. NAME Alexander Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Mary Elizabeth Frazier

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL

Place Yard of home Date 2/10, 1940

19. UNDERTAKER (Address) Alex Smith

20. FILED 2/10, 1940 W. Carroll Van Horn Deputy Local Registrar. Father

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1940, to 19

I last saw h alive on , 19 Birth, death is said to have occurred on the date stated above, at 1:20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillbirth. 2-9-40	0

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bennett A. Stone M. D.

(Address) Lutherville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

01623

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Edgemere Sparrow Pt
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 28 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

City or town Edgemere Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John C Smith

3. (b) Social Security Number 216-10-3846

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Amelia A Smith

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17 1877

8. AGE: Years	Months	Days	If less than one day
63	-	28	hrs. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual occupation Ladle liner

11. Industry or business

FATHER 12. Name Dont Know

13. Birthplace " "

MOTHER 14. Maiden name Dont Know

15. Birthplace " "

16. Informant Mrs Amelia A Smith

Address Edgemer

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 17 1940 (month) (day) (year)

Cemetery or crematory Bachman Cemetery

Location Balto City

18. Funeral director William M Mareck

Address 715 Light St

19. Feb 15 1940 (Date rec'd by registrar) Dawson L Harber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 10:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 9- 1940 to Feb 14- 1940, and that I last saw him alive on Feb 14- 1940.

	DURATION
Immediate cause of death Bronchial Pneumonia	7 days
Due to Acute Pulmonary Edema	1 Day
Due to Chronic Myocarditis	1939
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations -

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dawson L. Harber M. D. or other

Address Sparrow Point Md Date signed Feb 15-40

RECEIVED
FEB 21 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01624

83-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Arbutus No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Stengel If U. S. Veteran, specify WAR

(a) Residence: No. Maple ave. Arbutus St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Stengel (nee Meier

6. DATE OF BIRTH (month, day, and year) May 5,

7. AGE Years 64 Months 8 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. Blacksmith

10. Date deceased last worked at this occupation (month and year) B. & O. R.R.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Stengel

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs. Bertha Stengel (Address) Maple ave. Arbutus

18. BURIAL, CREMATION, OR REMOVAL Place Burial Date Feb. 6/40. 19

19. UNDERTAKER Harry H. Nitzke (Address) 4101 Edmondson ave

20. FILED Feb. 6, 1940 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 2 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 27 1940 to Feb 3, 1940

I last saw him alive on Feb 2, 1940, death is said to have occurred on the date stated above, at 12:00 m. Insight.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Feb 2
Acute dilatation of Heart	Feb 2.

Other Contributory Causes of Importance:

Cerebral Hemorrhage	Feb 27.
Arteriosclerosis	?
Hypertension (essential)	?

Name of operation no. Date of

What test confirmed diagnosis? Physical Exam & Lab Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James W. Nelson M. D.

(Address) 1120 St Paul St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

FEB 9 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01625

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Baltimore
City or town Villa Nova
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Katherine Robb Nursing Home
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Villa Nova Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Essex Road 2531 Eastern Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Sylvester

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Daniel Sylvester
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1858

8. AGE: Years 81 | Months 9 | Days 8 | If less than one day hrs. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name Hagel
13. Birthplace Germany

MOTHER
14. Maiden name Don't Know
15. Birthplace Germany

16. Informant Mrs Wm Horst
Address 2902 E Pratt St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 23-40 (month) (day) (year)
Cemetery or crematory Oak Lawn Cem
Location Balto Md

18. Funeral director John Ullrich
Address 2008 Aliceanna

19. 2/20 19 40 (Date rec'd by registrar) C. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20/40 19 , at 7:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/10/40 19 , to 2/20/40 19 , and that I last saw h alive on 2/20/40 19

Immediate cause of death	DURATION
Myocarditis Chronic	?
Auricular fibrillation	?
Due to	
Due to	
Other conditions Arterio sclerosis, general	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dennis M. Lupo, M.D. M. D. or other
Address 3526 Edmondson Ave Date signed 2/20/40

Miller
Pe Tiesville

ECEIVED
MAR 5 1940
...AU V. S.

01626 ✓

Social Security number 217-01-3373

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 38

1 PLACE OF DEATH

County Baltimore

Village or City Anneslie (No. 621 Dunkirk Rd St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Asbjurn Talmann

SOCIAL SECURITY No. 217-01-3373

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: 11 (Month) 13 (Day), 1888 (Year)

7 AGE: 51 yrs. 3 mos. ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry business, or establishment in which employed or (employer): Western Electric Co.

9 BIRTHPLACE (State or country): Sweden Norway

PARENTS

10 NAME OF FATHER: dont Know

11 BIRTHPLACE OF FATHER (State or country): Sweden Norway

12 MAIDEN NAME OF MOTHER: dont Know

13 BIRTHPLACE OF MOTHER (State or Country): Sweden Norway

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A. Moran

(Address) 4201 York Rd Balto Md

15 Filed 2/9 1940 W. Carroll Van Horn Registrar
Deputy Local

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 7 (Month) 1940 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb 2 1940 to Feb 7, 1940, that I last saw him alive on Feb 5, 1940 and that death occurred on the date stated above, at 6:05 P.m.

The CAUSE OF DEATH * was as follows:

Thrombosis of Vein in Left Leg

(Duration) yrs. mos. 6 ds.

Contributory Secondary: Pulmonary Embolism

(Duration) yrs. mos. 1 ds.

(Signed) F. V. D. Wack M. D.

Feb 7 1940 (Address) 513 E 39th Balto. Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 2/10, 1940

20 UNDERTAKER: John A. Moran

ADDRESS: 4201 York Rd. Balto Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CHANGES in birthplaces and spelling of name of deceased authorized in person by undertaker if he is also informant) Feb 16, 1940.-L

FEB 14 1940

This is a true copy of a certificate on file at this office. Made this day

State Registrar of Vital Statistics

01627

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (87-d)

County Balto. Registration Dist. No. 32

Village or City McDonogh School No. McDonogh Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? life yrs. ..... mos. ..... ds.

2. FULL NAME Annie Blanche Taylor If U. S. Veteran, specify WAR none

(a) Residence: No. McDonogh St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilbert D Taylor

6. DATE OF BIRTH (month, day, and year): June-19-1884

7. AGE: Years 55 | Months 7 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

FATHER

13. NAME: John Keller

14. BIRTHPLACE (city or town) (State or country): Balto Co Md

MOTHER

15. MAIDEN NAME: Mary Gorsuch

16. BIRTHPLACE (city or town) (State or country): Balto Co Md

17. INFORMANT (Address): Mr. W. D. Taylor (Husband) McDonogh.

18. BURIAL, CREMATION, OR REMOVAL Place: Pine Grove Balto Date: Feb/22/, 1940

19. UNDERTAKER (Address): Stewart & Morrison Co 108 W Mt Vernon Balto

20. FILED: Feb 20, 1940 E E Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1940, to Feb 19, 1940

I last saw her alive on Feb 19, 1940; death is said to have occurred on the date stated above, at 2:55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pneumonia - bronchial	2/16/40
Multiple sclerosis	1930

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Herbert E. Wilgis M. D.

(Address) 18 E Eager St Balt Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

01628

Reg. Dist. No. 3-5

1. PLACE OF DEATH:

County Baltimore

City or town White Hall. Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Baltimore

City or town White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Anthony Tayson

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Hannett E. Humphries

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 27 1857

8. AGE: Years 82 | Months 5 | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Front Hill, Md
(Town, county, and state)

10. Usual occupation Farmer -

11. Industry or business

FATHER
12. Name John Tayson
13. Birthplace Allibone, Md.

MOTHER
14. Maiden name Charlotte R. Jones
15. Birthplace Front Hill, Md

16. Informant Mrs. Thomas Cox

Address White Hall. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 1 1940 (month) (day) (year)

Cemetery or crematory Churchville, Md

Location Holy Trinity

18. Funeral director P. Markline Low

Address White Hall. Md

19. Feb 29th 1940 (Date rec'd by registrar) Melvin Bortner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26th 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death — DURATION

Arterio - Sclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Melvin Bortner M. D.
M. D. or other

Address White Hall Md Date signed Feb 29, 40

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01629

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore (93-L) Registration Dist. No. 430

Village or City Catonsville No. 626 Ingleside Avenue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM J. THORNBURG

(a) Residence: No. 626 Ingleside Avenue St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Mary Ellen Thornburg

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Chauffeur

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerstown, Md.
(State or country)

FATHER

13. NAME Isaac Thornburg

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Mary Ellen Magrauder

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Miss Thornburg
(Address) 626 Ingleside Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Feb. 22 40
Place Date 19

19. UNDERTAKER Chas. H. Grove & Son Inc.
(Address) 118 W. Mt. Royal Ave

20. FILED 2/21/40 R. L. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1931, to Feb. 19, 1940

I last saw him alive on Feb. 19, 1940; death is said to have occurred on the date stated above, at 2.30 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Acute dilatation of the Heart	2/19/40
Chronic myocarditis Cor. R.	
Duration: Nine years.	
Other **Contributory Causes** of Importence:	
Hypertension	1/5/31

Name of operation — Date of —

What test confirmed diagnosis? Blood Pressure Was there an autopsy? no

23. If death wes due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of Injury —

24. Was diseese or injury in eny way related to occupation of deceased? no

If so, specify

(Signed) T. M. Heuing M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
MAR 4 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01630

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Deer Park Route 2. Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Deer Park Route 2 Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Deer Park Road.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John Henry Tinkler

3. (b) Social Security Number none.

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1854

8. AGE: Years 86 | Months 4 | Days 7 | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual occupation Gardner. (Retired)

11. Industry or business —

FATHER
12. Name Dont Know.
13. Birthplace — "

MOTHER
14. Maiden name Dont Know.
15. Birthplace " "

16. Informant John Thompson.
Address Deer Park, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb. 10, 1940
(month) (day) (year)

Cemetery or crematory Deer Park Cem.

Location Deer Park Road.

18. Funeral director Wm. Berryman & Sons
Address Reisterstown, Md.

19. Feb. 8 1940
(Date rec'd by registrar)
J. Frank Miller M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7th 1940, at 5 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15th 1940, to Feb 6th 1940, and that I last saw him alive on Feb 6th 1940.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 3 day

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Frank Miller M.D.
M. D. or other

Address Reisterstown Date signed Feb 7th

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAR 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(I)

(T)

6 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

01631

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sylvan & Forrest Aves. Maple Grove Home

Stay in hospital or inst. (yrs., or mos., or days) 1 Week

Stay in this community (yrs., or mos., or days) 1 Week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2728 Maryland Avenue.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Virginia J. Travis

3. (b) Social Security Number ---

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Bertram W. Travis

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 16th 1860

8. AGE: Years 79 | Months 9 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Covington W. Cockey
13. Birthplace Maryland

MOTHER
14. Maiden name Clara Hall
15. Birthplace Harford County, Md.

16. Informant Mr Covington K. Allen
Address 2728 Maryland Avenue.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof February 24th 1940
(month) (day) (year)

Cemetery or crematory Greenmount

Location Baltimore, Md.

18. Funeral director Wm. J. Tickner & Sons.
Address North & Penna Aves.

19. 1/23 (Date rec'd by registrar) 19/40 [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1940, at 1:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19 1940, to Feb 22 1940, and that I last saw her alive on Feb. 21 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION 2/13/40

Due to: Artero Schrose & Hypertension — dent [illegible]

Due to: General

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Eliot W. Johnson MD
M. D. or other

Address 3432 Frederick Ave Date signed 2/23/40

RECEIVED
MAR 4 1940
BUREAU V. S.

Dr. E. W. Johnson
3432 Frederick Avenue.

01632

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs. 2 mos. 20 days

Stay in this community (yrs., or mos., or days) " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Unk.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Unk.

3. (a) FULL NAME Salvatore Vidabia

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Unk.

B (b) Name of husband or wife _____

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Unk

8. AGE: Years 52 ? Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Unk. (Possibly Italy)
(Town, county, and state)

10. Usual occupation Unk.

11. Industry or business

FATHER
12. Name Unk.
13. Birthplace Unk. (Possibly Italy)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk. (possibly Italy)

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/1/40 (month) (day) (year)

Cemetery or crematory Spring Grove State Hosp

Location Catonsville Md

18. Funeral director Spring Grove State Hosp

Address

19. 3/1 (Date rec'd by registrar) 1940 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28, 1940, 5:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from a.m. December 8, 1937, to February 28, 1940, and that I last saw him alive on February 27, 1940.

Immediate cause of death: Chronic myocarditis — DURATION: Indef.

Due to General arteriosclerosis — "

Due to _____

Other conditions Psychosis with mental deficiency — "
(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy Same as above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert E. Gardner, M.D.
Robert E. Gardner, M.D. M. D. or other

Address Spring Grove State Hosp. Date signed 2/29/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 3 1940
BUREAU V. S.

01633

STATE OF MARYLAND—CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Ruxton No. Burwick Avenue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Lee Alfriend Warren If U. S. Veteran, specify WAR None

(a) Residence: No. Ruxton, Md St., Ward. Ruxton, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George H. Warren

6. DATE OF BIRTH (month, day, and year): March-23-1878

7. AGE: Years 61 | Months 10 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Richmond (State or country) Virginia

FATHER

13. NAME Thomas L. Alfriend

14. BIRTHPLACE (city or town) Richmond (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Manson

16. BIRTHPLACE (city or town) Richmond (State or country) Virginia

17. INFORMANT Mr. Harry I. Warren (son) (Address) Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Orange, Virginia Date Feb. 7, 1940

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED Feb 7, 1940 [signature] Deputy Vice Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 5th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September, 1939, to Feb. 5th, 1940

I last saw her alive on Feb. 5, 1940; death is said to have occurred on the date stated above, at 9 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1940
Cardiac Failure	1940

Other Contributory Causes of importance:

Senile psychosis	1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh G. Whitehead M. D.

(Address) 1201 N. Calvert St., Baltimore

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 1 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01634

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (93-d) Dr. Porterfield

County Baltimore Registration Dist. No. Hampstead

Village or City White House No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel W Wheeler If U. S. Veteran, specify WAR

(a) Residence: No. White House Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jane Wheeler

6. DATE OF BIRTH (month, day, and year): mar 14 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): White House

(State or country): Baltimore County

FATHER

13. NAME: Johan Wheeler

14. BIRTHPLACE (city or town):

(State or country): Baltimore County

MOTHER

15. MAIDEN NAME: Sarah Ann Armacost

16. BIRTHPLACE (city or town):

(State or country): Balto County

17. INFORMANT: G. Beatty Wheeler

(Address): White House Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Forest Cemetery Date: Feb 5, 1940

19. UNDERTAKER: Albert W Deregory

(Address): 440 E. North Ave

20. FILED: Feb 14, 1940 April E. Fowble, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935, to Feb 1940

I last saw him alive on Feb 2, 1940; death is said to have occurred on the date stated above, at 2:25 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Myocarditis, Chron	1935
Other Contributary Causes of Importance:	
Fracture of Spine	1921

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice C. Porterfield M. D.

(Address) Hampstead Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 4 1940
BUREAU V S

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-6)

CERTIFICATE OF DEATH

01635

Reg. Diat. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town Rural near Freeland. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 26 yrs.-

2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Rural near Freeland (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish American.

3. (a) FULL NAME William Sager Weinsheimer.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie Weinsheimer.

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) December 22, 1876

8. AGE: Years 63 Months 11 Days If less than one day ____ hrs. ____ min.

8. Birthplace Allentown Pa. (Town, county, and state)

10. Usual occupation Merchant & Pullman Conductor

11. Industry or business (General) (Railroad)

FATHER 12. Name Unknown (Weinsheimer)

13. Birthplace Unknown

MOTHER 14. Maiden name Agnes Sager.

15. Birthplace Unknown.

16. Informant Mrs. Minnie Weinsheimer.

Address Freeland, Md. R.D.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Febr. 6, 1940 (month) (day) (year)

Cemetery or crematory Middletown

Locaflon Freeland, Md. R.D.

18. Funeral director Jacob Hartenstein.

Address New Freedom, Pa.

19. Feb. 6 1940 (Date rec'd by registrar) Samuel S. Miller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1940, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1938 to Feb. 2 1940, and that I last saw h- alive on Feb. 2 1940.

Immediate cause of death Rheumatic Heart Disease — DURATION 30 yrs.

Due to Rheumatic Fever

Due to

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis Sekatanoff M.D. M.D. or other

Address New Freedom, Pa. Date signed 2-5-40

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 01636

108

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Ridgewood No. 4415 Hillside Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Wiebking If U. S. Veteran, specify WAR

(a) Residence: No. 4415 Hillside Ave St., Ward. Social Security No. 215-10-9149

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Wiebking

6. DATE OF BIRTH (month, day, and year) 10-4-1894

7. AGE Years 45 Months 4 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Watchman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME William Wiebking

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Mary Lotz

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Jennie Wiebking (Address) 4415 Hillside Ave

18. BURIAL, CREMATION, OR REMOVAL Place Rathedral Date 2-9, 1940

19. UNDERTAKER Leonard J. Rueb (Address) 5305 Harford Rd

20. FILED Feby 8, 1940 G. Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 6 - 40 (Month) (Day) (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1940, to Feb 6, 1940

I last saw him alive on Feb 6, 1940; death is said to have occurred on the date stated above, at 2 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Lobar Pneumonia

Ac Cardiac dilatation

Date of onset

Other Contributory Causes of importance: Bronchial Asthma

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) B. F. French M.D. M. D.

(Address) 2329 Arunah Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

FRENCH 4172

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

FEB 14 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01637

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs, 6 months

Stay in this community (yrs., or mos., or days) Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Charles

City or town White Plains Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Williams

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Unknown

6(c) If alive, give age Unk. years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE:

Years	Months	Days	If less than one day
65	?	?	hrs. min.

9. Birthplace New York (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden name Unknown

15. Birthplace

16. Informant Mrs. Clarence Hughes, daughter

Address 2723 Miles Ave. Baltimore

17. Cremation (Burial, cremation, or removal, which?) Date thereof 2-12-40 (month) (day) (year)

Cemetery or crematory Washington

Burial Location Abbey Mausoleum D.C.

18. Funeral director John Ulrich

Address 2008 Orleans St

19. Feb 10 1940 (Date rec'd by registrar) H. C. Andreal Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, at 2 45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 2, 1940 19 , to Feb. 10 1940, and that I last saw him alive on Feb. 10 1940.

Immediate cause of death: arteriosclerotic C V D — DURATION: unk

Bronchopneumonia — 8 days

Due to Gangrene, foot, due to arteriosclerosis — over 8 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Refused

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lewis Danziger M.D. M. D. or other

Address Spring Grove Hospital Date signed 2/10/40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

01638

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore County Home

Stay in hospital or inst. (yrs., or mos., or days) 1 mo 11 days

Stay in this community (yrs., or mos., or days) " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Putty Hill Ave. Fullerton Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Vincent Wilson

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 - 1853

8. AGE: Years 86 Months 7 Days 0 If less than one day hrs. min.

9. Birthplace Baltimore County Maryland. (Town, county, and state)

10. Usual occupation Truck Farmer

11. Industry or business For Self

FATHER 12. Name Richard Wilson

13. Birthplace Unknown

MOTHER 14. Maiden name Mary Ann Fowler

15. Birthplace Balto. Co. Md.

16. Informant Mrs Thomas Isenrock

Address 3501 Old York Road Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 17 - 1940 (month) (day) (year)

Cemetery or crematory Wilson Cemetery

Location Putty Hill Ave Fullerton Md

18. Funeral director Fredrick Lassahn

Address 7401 Belair Road Balto. Co. Md.

19. Feb. 15 1940 (Date rec'd by registrar) Wm J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1940, to Feb 15 1940, and that I last saw him alive on Feb 13 1940.

Immediate cause of death, Carcinoma (Gastric

Due to Arterio sclerosis -

Due to Senility -

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 6 wks

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer C. Ensor M.D. M. D. or other

Address Feb 15/40 Cockeysville Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 21 1940
BUREAU V. S.

01639

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Stemmers Run Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Christian Ave. nr. Marlyn Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ~~Balto~~ Md County Balto.
City or town Stemmers Run Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Christian Ave. nr. Marlyn Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Howard ~~[illegible]~~ ERWIN Wood

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie Frances Grover
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Nov. 15 - 1896
8. AGE: Years 43 | Months 3 | Days 2 | If less than one day ____ hrs. ____ min.
9. Birthplace: Logan Co. Ill. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business
FATHER
12. Name: Caleb. Franklin Wood.
13. Birthplace: Ill.
MOTHER
14. Maiden name: Unknown
15. Birthplace: "
16. Informant: Mrs Marie F. Wood
Address: Christian Ave. nr. Marlyn Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-20-40 (month) (day) (year)
Cemetery or crematory: Balto. Nat. Cem.
Location: Frederick Rd.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. -2-19 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby 17th 1940, at 11-45 P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ~~____ 19__, to ____ 19__,~~ ~~and that I last saw h____ alive on ____ 19__.~~
Immediate cause of death: Coronary Thrombosis
Due to: he died suddenly without having been
Due to: attended by a physician
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: W. F. O. Myse Dept. M. Ex. M. D. or other
Address: Pikesville Md Date signed 2-18-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 19 1940
BUREAU V. E.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01640

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 year, 1 mo., 13 days

Stay in this community (yrs., or mos., or days) 2 years, 1 mo., 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 618 South Rapolla St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Charles Yeager

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife unk

8 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 1867

8. AGE: Years 72 Months 11 Days 16 If less than one day hrs. min.

9. Birthplace Middle River, Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Factories

FATHER 12. Name Fred Yeager

13. Birthplace Germany

MOTHER 14. Maiden name unk

15. Birthplace Germany

18. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 19/40 (month) (day) (year)

Cemetery or crematory Oak Lawn

Location Eastern Cve Rd.

18. Funeral director Lilly & Feiler Inc

Address 403 S Wolfe St

19. 2/16/40 (Date rec'd by registrar) 19 40 [signature] Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1840, at 12:25 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 3, 1938, to February 16 1940, and that I last saw him alive on February 16, 1940.

Immediate cause of death	DURATION
Acute pleurisy with effusion, left side	2 days
Due to Chronic pericarditis before	1938
Due to General arteriosclerosis "	"
Other conditions Senile psychosis "	"

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy As given above.

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Serge Androp Serge Androp, M.D. M. D. or other

Address SPring Grove State Hosp. Date signed 2/16/40

RECEIVED
FEB 28 1940
BUREAU U. S.

01641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 309

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 7 mths. 4 dys.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: -

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 736 E. Preston Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Annie Yinger

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: Nicholas Yinger

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): December 9, 1884

8. AGE:

Years	Months	Days	If less than one day
55	2	17	hrs. min.

9. Birthplace: Frederick, Maryland
(Town, county, and state)

10. Usual occupation: housework

11. Industry or business: home

FATHER
12. Name: James H. Smith
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary C. Smith (maiden name unknown)
15. Birthplace: Maryland

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2-28-40 (month) (day) (year)

Cemetery or crematory: Spring Grove Hosp Cem

Location: Catonsville Md

18. Funeral director: Spring Grove State Hosp

Address: Catonsville Md

19. 28 (Date rec'd by registrar) 19 40 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 26 19 40, at 8:35 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 19 37, to Feb. 26 19 40, and that I last saw her alive on Feb. 26 19 40.

Immediate cause of death	DURATION
Broncho-pneumonia	5 days
xxx Aortic stenosis	indefinit
Due to	
Other conditions: Syphilis	indefinite

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: see above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.
M. D. or other

Address: Spring Grove State Hosp Date signed: 2-27-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01642

95-C

1. PLACE OF DEATH

County Balto Registration Dist. No. 31

Village or City Pikesville - Augsburg Home No. Campfield Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Ziegler If U. S. Veteran, specify WAR

(a) Residence: No. ~~Augsburg Home~~ St. Ward

(Usual place of abode) Charlotte Hall, Md If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Therese Ziegler

6. DATE OF BIRTH (month, day, and year) July 12 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Ziegler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augsburg Home (Records)

(Address) Campfield Road. Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cem Violetsville 2-29, 1940

19. UNDERTAKER Mrs Chas A. G. Rohde

(Address) 2327 Edmondson Ave.

20. FILED Feb 29, 1940 J J Milton Pial Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 27th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13th, 1940, to Feb. 27, 1940 (last saw him alive on Feb. 24th, 1940; death is said to have occurred on the date stated above, at 4 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1) Arterio-Sclerotic Heart Disease	?

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify Earl L. Chambers + M.D.

(Signed) 4108 Liberty Hts. Ave.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 98d

Reg. Dist. No. 44

CERTIFICATE OF DEATH

01643

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Essex (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Mace Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. Mace Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Caroline Zinser

3 (b) If veteran, name war: no

3 (c) Social Security No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George V. Zinser

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 4th 1869

8. AGE: Years 70 | Months 9 | Days 14 | If less than one day _____ hr. _____ min.

9. Birthplace Balto City Md. (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Conrad Kraus
13. Birthplace Germany

MOTHER
14. Maiden Name Frances Schaefer
15. Birthplace Germany

16 (a) Informant Frank Zinser
(b) Address Dalesford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21st 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Co. Md.

18 (a) Funeral director L. Labaugh & Son
(b) Address 2401 Belair Rd.

19 (a) Feb. 19 - 40 (Date rec'd by registrar) (b) J. S. Omelly Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 18 1940, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1940, to Feb 18 1940, and that I last saw her alive on Feb 18 1940.

	Duration
Immediate cause of death Terminal Bronchial Pneumonia	2 days
Due to Cerebral Apoplexy	Feb 10/40
Due to Arteriosclerotic Cardiovascular disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** G. M. Baumgardner M. D. or other
Address Rosedale Md Date signed 2/18/40

FEB 23 1940
BUREAU V. R.